

THE
ALKALOIDAL CLINIC
101307

EDITED BY W. C. ABBOTT, M. D.
W. F. WAUGH, M. D.

VOLUME VII, 1900

RAVENSWOOD STATION, CHICAGO:
THE ALKALOIDAL CLINIC,
1900



THE ALKALOIDAL CLINIC.

Vitogen

Antiseptine

"Saratoga Ointment"

As an antiseptic wet dressing for treating cases of extreme inflammation, irritation or ulceration, nothing excels Antiseptine. Some say "Nothing equals it."

Sold by druggists or shipped on Receipt of price. 1 doz. oz. cans, 75c; 1 lb in one can, 60c; 5-lb. cans, \$2.75.

"Used Vitogen in a case of amputation of both legs, boy fourteen years of age (railroad accident). Also in a case of lacerated wound, child 5 years old (hand caught in pulley). In both cases the results were very gratifying; wounds healed without the least suppuration."

DR. M. R. MILEY, Bucher, Ill.

Amputation Without Suppuration

DISPENSED by druggists in perforated screw cap bottles or mailed on receipt of price. 2 oz., 50c; 4 oz., \$1.00. Canadian price, 2 oz., 60c; 4 oz., \$1.20. Trial Bottle Free (to Physicians only).

MANUFACTURING CHEMISTS

THE G. F. HARVEY CO.

SARATOGA, SPRINGS, N. Y., U. S. A.

Canadian Branch Mille Roches, Ont., KEZAR & BENNETT, Agents.

BORO - FORMALIN

BORO-FORMOL

A Powerful, Non-Toxic, Non-Staining Antiseptic, Deodorant and Prophylactic

Particularly well adapted for use in Minor Surgery, Gynaecology, Rhinology, Laryngology, and Dental Surgery

A solution of two to four ounces of BORO-FORMALIN to one quart of hot water, applied by continued irrigation twice a day serves a most useful purpose in all forms of Leucorrhoea, Vaginitis, Pruritus Vulva, Uterine Ulcerations, etc. In those cases where the secretions or discharges are of an offensive character, a more concentrated solution applied oftener, or a tampon of absorbent cotton saturated with BORO-FORMALIN, or a mixture of equal parts of Glycerin and BORO-FORMALIN and placed in the Vagina over night, was found to thoroughly correct the fetor and relieve the irritation of the inflamed parts.

As a cleansing or restorative douche or injection after parturition, or as an individual prophylaxis, an ounce or two of BORO-FORMALIN in a quart of warm water is all sufficient.

BORO-FORMALIN contains: Boro-Salicylic Glycerole; Benzo-Resorcinol; Menthol; Thymol; Eucalyptol and O 2% or 2 pro mille of Formalin-Schering.

EIMER & AMEND

Manufacturing Chemists

205-211 Third Avenue

NEW YORK

PLEASE MENTION THE ALKALOIDAL CLINIC WHEN WRITING.



CYSTITIS

in all forms, enlarged prostate, chronic urethritis and nocturnal incontinence of urine in children will be promptly relieved and eventually

CURED BY

the use of our demulcent diuretic

LITHIATED SORGHUM COMP.

A 14-oz. Bottle Free to physicians who will pay the express charges.

SHARP & DOHME

BALTIMORE

CHICAGO

NEW YORK

DEAR DOCTOR:

Why not Cure Your Patients of Piles and Constipation by

RECTAL DILATION ?

MAYBE you have, against your own better judgment, been in the habit of prescribing purgatives and laxatives for **CONSTIPATION**. You know that there is not a laxative medicine described in any medical work that has not a constipating effect in its secondary action.

Have you employed the comparatively new method of **RECTAL DILATION** in cases of **CHRONIC CONSTIPATION** and **PILES**?

By the use of the **COMMON SENSE RECTAL DILATORS** (three sizes), the elasticity of the sphincter muscle, (constriction of which is almost invariably responsible for Constipation and Piles), is fully restored, the Sympathetic Nerve is stimulated, the circulation of the blood accelerated, and the feces pass naturally and freely.

The **cause** of Piles being removed, these abnormal formations are gradually absorbed, and a permanent cure is effected without the risks or discomforts of a surgical operation.

The Dilators are made of hard rubber, are easily cleaned and practically indestructible.

Prominent physicians, of Chicago and elsewhere, after using **COMMON SENSE DILATORS** daily in their practice, strongly endorse them.

Physician's price for the set of three, complete, with full instructions, \$2.50.

Our 32 page book, "**COMMON SENSE**", treats of Rectal Dilation from a scientific standpoint. It will be sent free to any physician.

If you send your personal check, please add 10 cents to cover exchange.

COMMON SENSE CO. ROOM 712, 60 WABASH AVE., CHICAGO.

For Acute, Sub-
Acute and Chronic
Gonorrhea.

...THE **Gonocide** REMEDIES

For Acute, Sub-
Acute and Chronic
Gonorrhea.

THE GONOCIDE REMEDIES consist of two special formulae of Soluble Medicated Urethral Bougies, the remedies employed having a distinct and decided destructive action upon the gonococcus or causative germ of true Gonorrhea. These formulas are classified as **THE PROTARGOL BOUGIES** and **THE COMPOUND PHENAZONE BOUGIES**. The Bougies are elastic, flexible, easily introduced, and when applied bring their medicating ingredients into direct, continuous and prolonged action upon the mucous surface of the diseased urethra.

The Protargol Bougies

PROTARGOL is a new proteid compound of silver, which, when applied to the urethra, acts not only on the superficial layers of the mucous membrane, but also extends its destructive action on the gonococcus into the deeper tissues, where the germs of the disease lodge, and where they are usually most difficult to eradicate. Neisser, the discoverer of the gonococcus, states: "**PROTARGOL SURPASSES ALL OTHER AGENTS HITHERTO IN USE FOR THE TREATMENT OF GONORRHEA. IT CAUSES NEITHER PAIN NOR IRRITATION, AND THE COURSE OF THE DISEASE IS AT ONCE CHECKED.**" These results are fully corroborated by the numerous reports on this new remedy published in current medical journals.

The Compound Phenazone Bougies

PHENAZONE (Antipyrin), is antiseptic, alterative and sedative, reduces inflammation, promotes absorption of indurated tissues, and induces healthy action of granulating and suppurating surfaces. When combined with astringents it is extremely valuable in the treatment of the many cases of chronic urethral discharge which trouble every general practitioner.

PRICES, ETC.

PROTARGOL BOUGIES , (box of 15) long or short size, to physicians, net.....	\$1.00
COMP. PHENAZONE BOUGIES , (box of 12) long or short size, to physicians, net.....	1.00
MUSLIN BOUGIE HOODS , (for keeping bougies in place), package of 3, postpaid.....	.25

(The Bougies are made in two lengths—SHORT, 3 inches, LONG, 6½ inches.)

THE STANDARD CHEMICAL CO. (Ltd.)

1016 CHERRY STREET, PHILADELPHIA.

The Gonocide Remedies are for sale by E. H. Sargent & Co., Chicago; The Wolf-Wilson Drug Co., St. Louis; I. L. Lyons & Co., New Orleans; Mack & Co., San Francisco; J. Milhaus Son, New York; T. Metcalf Co., Boston, and the Drug Trade generally.

SPECIAL SAMPLES

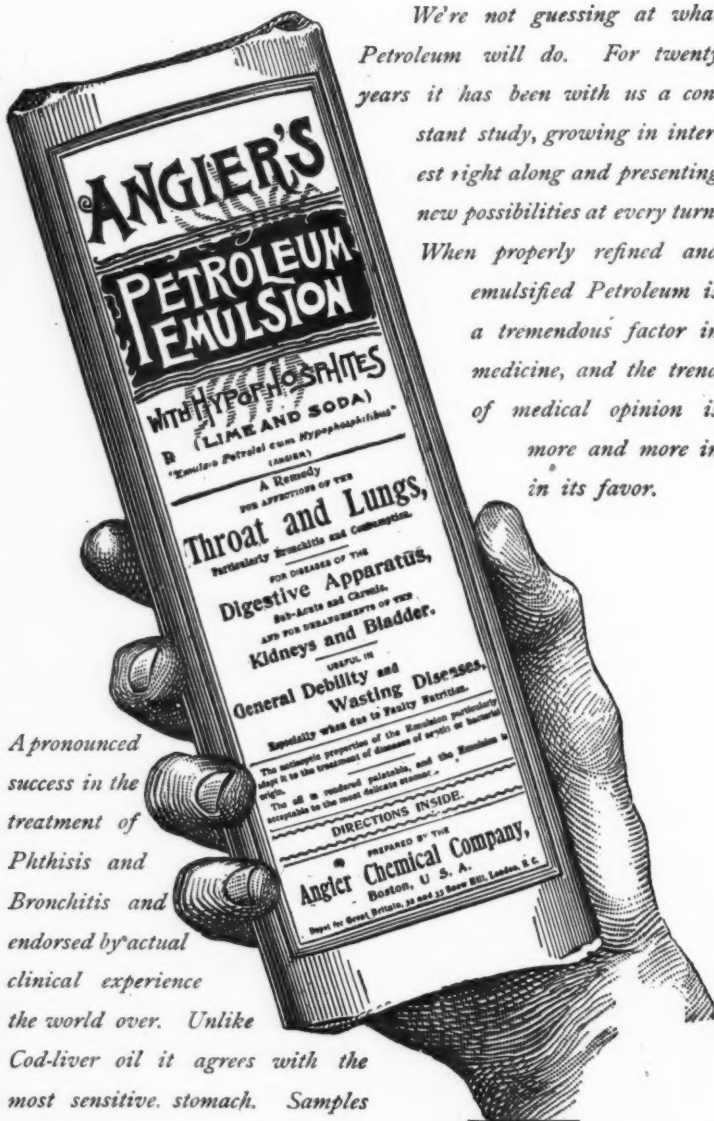
We will mail to any physician mentioning the CLINIC and remitting 12 cents in stamps, a SPECIAL SAMPLE BOX of either the Protargol or the Phenazone Bougies, or for 25 cents we will send samples of both, with Bougie Hood and full literature. Send order direct to us with professional card and state if Long or Short size Bougies are desired.

THE ALKALOIDAL CLINIC.

THE PETROLEUM IDEA.

We're not guessing at what Petroleum will do. For twenty years it has been with us a constant study, growing in interest right along and presenting new possibilities at every turn. When properly refined and emulsified Petroleum is a tremendous factor in medicine, and the trend of medical opinion is more and more in its favor.

A pronounced success in the treatment of Phthisis and Bronchitis and endorsed by actual clinical experience the world over. Unlike Cod-liver oil it agrees with the most sensitive stomach. Samples and literature as requested.



ANGIER CHEMICAL CO.
BOSTON, MASS.

THE PETROLEUM IDEA.

The Trying Time

January and February are the trying months of the year, with coughs, colds, la grippe and pneumonia following each other in quick succession. Petroleum is of great value in the treatment of all such cases, and the emulsionizing agents we use have in themselves valuable soothing and healing properties.



Petroleum is indicated in the treatment of all catarrhal, inflammatory and ulcerative diseases of the mucous membranes, and the best form of administration is

ANGIER'S PETROLEUM EMULSION

Unlike Cod-liver oil it agrees with the most sensitive stomach. It is the most palatable of all Emulsions and has a marked effect upon nutrition.

Based on the most careful clinical tests this Emulsion has been endorsed over and over again by the medical profession of both America and England. We want the attention of those physicians who have never tried it. Samples free for the asking, and everything done that can be done to help make intelligent comparisons.

Shall we send you literature on "The Petroleum Idea?"

ANGIER CHEMICAL CO.
BOSTON, MASS.

Resinol

(TWO SIZES)
50¢-\$1.00

(R. Ungt Resinol 3i-iii)

A specific for Eczema, Pruritus Ani, and all itching troubles.

UNRIVALLED AS AN
ANTIPRURITIC, ANTISEPTIC,
ANTIPHLOGISTIC, NUTRIENT, ETC.

I find Resinol a very nice, delicate and effective remedy in all cases of skin affections in which I have used it.

JNO. P. CORCORAN, M. D., U. S. Exam. Surg., Detroit, Mich.

We use Resinol in the St. Louis Children's Hospital with excellent results.

T. GRISWOLD COMSTOCK, M. D., St. Louis, Mo.

I prescribe Resinol almost daily. It is the best thing on earth as an Ointment.

WALTER D. GREENE, M. D., Buffalo, N. Y.

Cascanata

(TWO SIZES)
50¢-\$1.00.

(R. Elix. Cascanata 3iv-x)

Indicated in all skin Diseases, Chronic Constipation and disorders of Digestion etc.

A DESIDERATUM AS A
VEGETABLE ALTERATIVE,
LAXATIVE TONIC AND ANTACID.

A SPECIFIC FOR HABITUAL CONSTIPATION.

CORRECTS THE SECRETIONS.

RESTORES THE NORMAL ALKALINITY OF THE BLOOD.

GIVES EXCELLENT RESULTS IN RHEUMATIC AFFECTIONS.

I have found the Elixir Cascanata a very efficient remedy in chronic Eczema. I often prescribe it, and have always been gratified with the results obtained.

T. J. WOOLDRIDGE, M. D., French Hay, Va.

Resinol Soap

(PRICE)
25¢.

(R. Sapo Resinol one bar)

AN ABSOLUTELY PURE
NON-IRRITATING, EMOLLIENT
AND PRESERVATIVE DETERGENT.

THE BEST SOAP FOR THE SKIN, THE HAIR, SCALP ETC.

A valuable and effective remedy for Acne. Prevents the recurrence of Eczematous and other skin troubles. Unsurpassed for shampooing, preventing the accumulation of dandruff and falling out of the hair. An excellent antiseptic soap for the puerperium.

For sale by all Druggists, or sent on receipt of price
~RESINOL CHEMICAL CO.~ BALTIMORE, MD.~

THE ALKALOIDAL CLINIC

Vol. 7.

JANUARY, 1900.

No. 1

EDITORIAL

THE TWO DOLLAR CLINIC.*

With this issue, as announced last month, the subscription price of the CLINIC is advanced to two dollars a year. We have been greatly interested in the varied expressions of opinion that have come to us as the result of this announcement. Some (a good many) have approved most heartily, even going so far, like Dr. Harrington of Wadena, Iowa, whose manly, helpful letter we have photographed for the adv. pages of this issue, as to refuse to accept our invitation to renew before the advance. A few (two or three, I believe) have shaken the red rag, while the great body have said nothing, no doubt feeling that they are willing to pay for what they get.

An interesting feature of this correspondence has been that almost every one has said in substance, "give us quality, boiled-down

*See important statement regarding "Free Coupons"—second page of cover above the index.

helpfulness, and never mind the price"; one good brother ending up with: "Ask what you please, you can never ask what the CLINIC is worth, and you can't scare me"!

It is "quality" and "helpfulness" that we have always striven to give. And with the experience of the past to guide us we shall strive all the harder as the years go by. If any subscriber ever feels dissatisfied, ever feels that he is not getting the worth of his money, let him say so and we will promptly refund the price paid. We want every CLINIC reader to be satisfied, and more too.

PROMISED FEATURES.

Under the caption "The CLINIC for 1900," in last month's issue, we promised you some special features for this month and gave you an outline of our prospectus for the year.

If you have a moment's time, and it is

not fresh in your mind, I wish you would read it again and see if we have not kept our promise in this issue and given you a CLINIC of which you, its readers, and we, its editors and publishers, may be justly proud.

Every department has striven unceasingly to excel in the issue before you, and we sincerely hope that our effort meets with your approval—from the editor's office to the janitor of the mechanical department we are all anxious to know what you think of the CLINIC.

It must be a broad man indeed that cannot get some help and inspiration from this month's pages, that can read Dr. Shaller's article and not feel enthused and encouraged for the work of the winter and all coming time, that can read this January issue from cover to cover and not say to himself in all candor and honesty: "there, that is worth the price!"

Just as I write the above there comes to me a word of encouragement from a subscriber in Texas who, in closing a friendly, encouraging letter, says: "I am amazed at the variety and extent of the information and the solid worth contained in each issue of the CLINIC; the increase in size keeping pace with increase in quality. I hope to see it a weekly before many years. As I have taken it for four years already you see I am capable of judging. Improvement is the order of the day, the CLINIC is up-to-date. How any practitioner can do without its regular visits is more than I can see."

FOR FEBRUARY

There are so many things in sight that we scarcely know what to take next, but we shall endeavor to have a good supply of "seasonable goods," as well as our usual stock of "staples."

If I really knew just what to promise I would tell you when to expect the first of a series on "The Endometrium," in preparation by Byron Robinson, on which none other is more able to speak than he whose

thoughtful, genial face has so often looked at us from the pages of the CLINIC. This is a remarkable series. It will run through several issues and we hope to give the first part next month. It is written for the student and general practitioner, and includes the anatomy, descriptive and applied, pathology and treatment, from a man who knows.

The papers are based on original microscopical investigation of the author's own cases in special gynecologic practice during the last eighteen years. The material used was taken from the patients and careful microscopical sections were made and studied from a physiologic, anatomic, pathologic and therapeutic standpoint, and the observations are drawn from the physiologic and anatomic presentations. The articles are profusely illustrated by the author's own cuts, with a few others from the best and most accredited sources.

In this country no distinct attempt has before been made to popularize the descriptive and applied anatomy of special organs. The practitioner who will take the pains and pleasure to read and study this series of articles on the descriptive and applied anatomy of the endometrium will be a wiser and safer physician.

The endometrium is presented in a new way. The author classifies the endometrium into resting and functioning states, and shows how it is subject to different diseases at different periods of life from its anatomic structure.

In short, the articles are interesting, instructive and original, and they will be a valuable aid in medical practice. They will be published only in the CLINIC and for CLINIC readers only.

In addition to this Dr. Waugh has in preparation an exhaustive article on the need of prescribing alcohol from a therapeutic standpoint, that will open some eyes to facts that have before been a mystery. This paper has been given long and thought-

ful preparation and will be a most important feature in next month's issue.

ORGANO-THERAPY.

Roswell Park (*Courier of Medicine*) says: "According to Cyon it was the function of the thyroid to bring the iodine compounds in the blood into certain organic combinations, and in this way to remove from the nerve-centers more or less dangerous and toxic substances. From experiment it appeared that iodine possessed paralyzing activities upon the pneumogastric and cardiac centers, while the iodo-thyrine formed in the thyroid seemed to have activity in controlling the contraction of the heart and the circulation of the blood. This function of the thyroid was so far separated from that of the heart as to be manifested only through the influence of certain nerves. Inasmuch as the heart under the influence of iodo-thyrine produced a well-marked dilatation of the thyroid vessels, it appeared that the thyroid itself acted as a mechanism for the protection of the brain from sudden vascular changes, either by opening wider the thyroidal vessels or by increasing the amount of iodo-thyrine. Hence followed naturally the use of iodo-thyrine, particularly in cases of vascular and hyperemic goiter, as well again as in certain cases of thyroidal atrophy and cachexia strumipriva.

"Traczewski removed the thyroids from animals and then fed them exclusively with animal food, and found that it had a very unfavorable effect upon them. He tried also the effect of the salts of phosphorus, particularly of sodium phosphate, upon these animals, and especially upon those in which he had left a portion of the thyroid, and found that these salts produced marked cachexia and finally atrophy of the remaining portion of the thyroid body. He found also, the converse of this to be true, and thus we have a definite physiological and experimental basis for the employment of sodium phosphate in Basedow's disease. This tallies exceedingly well with the known clinical advantages of its exhibition in this malady.

"Ovarian extracts were introduced three years ago. They were recommended especially in cases of post-operative amenorrhea where serious disturbance has followed the removal of the ovaries, such as headache, sleeplessness, cardiac disturbance, etc., and, in fact, in some of these instances of

so-called cachexia ovaripriva they appear to have been of considerable value. Even in such rather indirect conditions as chlorosis, irritable bladder, etc., they seem to have exercised a beneficial influence. Most of the ovarian extracts made to-day are made from the ovaries of calves. Seligman, indeed, has warmly advised the use of these remedies in certain nervous disturbances connected with the climacteric and in rosacea of the face. They have also been lauded in certain cases of exophthalmic goiter in women.

"Much more widely and favorably known is extract of bone marrow, whose use in pernicious anemia and certain allied affections seems now to be quite general and well merited. In certain cases, for instance, of pernicious anemia the number of red corpuscles has been apparently quadrupled by its administration, and the proportion of hemoglobin raised from 25 to 80 per cent.

"It was but a natural step from bone marrow to the spleen as a blood-making preparation, since physiology teaches us that marrow and spleen both have a great deal to do with elaboration of the blood. Splenic extract seems especially indicated in anemia, and chlorosis, as well as in the cachexia of such chronic poisoning as malaria, etc.

"Adrenal extract is the natural outcome of the fact that the adrenals are apparently intimately concerned in the causation of Addison's disease. Stockman has cured, I believe, a case of Addison's disease with this preparation. Senator was among the first to observe benefit by prolonged administration of this remedy. Mankowski, and other Russian observers who had been studying the subject for a long time, agree that this particular preparation possesses powerful stimulating properties upon the cardiac and respiratory centers. Most interesting is their observation that by the injection of adrenal extract into the veins death from what would otherwise be lethal amounts of chloroform is prevented. Even one or two cc. of a one per cent solution will bring this about in animals. Powerful as this agent is, in this respect it is, nevertheless, by itself one to be used with great caution, and it is not likely that at present at least, it will come into any general use for this purpose. Fuerth succeeded, after some two thousand endeavors, in separating the peculiar active ingredients in the adrenal which give to its extract these peculiar properties. It

seems to be contained within the pigmentary portion of the organ. Given internally it increases blood pressure very notably, while externally it has more or less local astringent effect. The astringent effect of these preparations has also been taken advantage of, first in this country by Bates, who recommended the employment of solutions of adrenal extract in ophthalmology. In my own experience I have found them to be possessed of remarkable astringent properties, their effect upon exposed mucous membranes being almost instantaneous."

These extracts will suffice to give some idea of the progress that has been made in extracting the active principles from the various organs and tissues of the bodies of animals, and applying them to the treatment of diseases of man. Truly, we are laying bare the secrets of nature in a most ruthless manner, and I do not see why some one does not call attention to the immorality of such investigations. Or, can it be that the profession has changed since it opposed chloroform in midwifery, as interfering with the curse of pain inflicted on poor Mother Eve?

Moreover, we feel a certain respect for our forbears, who sought to utilize these same agents for therapeutical purposes, though in a cruder manner. Their pulverized human bone at least supplied lime-salts that were readily assimilated; the testicles they ate undoubtedly stimulated their own as well as the modern extracts do; the application of breast-milk must surely have supplied some local nutrition to the sore eye, or it would hardly have endured from thousands of years prior to "the days of old Rameses," to the present.

YEAST THERAPY.

A pamphlet by Manders discusses the subject of yeast in the treatment of disease. Young yeast-cells injected into the circulation or subcutaneously survive and exert their activity there. They are freely diffusible, and set up leucocytosis in all the tissues. They have great phagocytic power,

but after a few days are themselves devoured by the white cells. When yeast was injected into a man, there ensued tenderness at the site of the injection, fever, paresthetic sensations, lymphangitis, and great swelling of the inguinal glands, resolving very quickly. The urine was suppressed, appetite was increased and a sense of well-being ensued. The effects were over in ninety hours. Alcohol, glycerin, carbon dioxide, succinic acid, yeast-nuclein, and spermin are produced directly or indirectly by yeast, and some of the final effects may be due to one or more of these agents.

For tuberculosis he employs injections of yeast in the supraspinous, interscapular, and infraclavicular spaces, taking a new spot for each operation. The evidences of improvement are increase of the arterial tension and the general energy, better sleep, and bettering in the local signs. In early phthisis he claims 85 to 90 per cent of cures.

Those undergoing the yeast treatment proved peculiarly insusceptible to influenza. In diphtheria the yeast proved a valuable aid to antitoxin.

He advises injections of yeast around carcinomatous growths.

THE MYSTERY OF SLEEP.

The *Spectator* says:

"The most wonderful events in the world are the most common. If the sun appeared, says Carlyle, only once in a long term of years, how excited everybody would be. But the miracle takes place every day unregarded.

"The most wonderful thing that happens to a man from the cradle to the grave is also a daily event, and it excites hardly any wonder or curiosity. That phenomenon is sleep. We go to bed at night and expect sleep as a matter of course. It approaches us with no sense of surprise or apprehension on our part; we pass within the ivory gate with as little concern as we walk down the street; and yet sleep is as wonderful as death, to which not a few poets have likened it. Only the confirmed victim of insomnia realizes its beneficent influence; to the rest

it is as commonplace as breakfast. And yet sleep is not only the profoundest mystery we know, but it is the result and the accompaniment of the most remarkable changes in our bodies—themselves also subjects of deepest wonder.

The first fact relating to sleep is that the sum total of our energy is reduced. Whether this reduction of the play of bodily force causes or merely accompanies sleep it might be hard to say. It is a beautiful thought in 'The Ancient Mariner,' that sleep is a blessed influence descending from above, but we suppose science will not listen to that, though it is not incompatible with the idea of the preparation for sleep by the bodily forces. The scientific statement would be that there is a general displacement and re-arrangement of molecules, but that does not help us much, for the movements of molecules are unintelligible as an ultimate expression of why things are so and so. Then the work of the glands is slackened; they are not called on to secrete so many products from the blood.

"The most striking fact is the change in temperature. The temperature of the human body rises at a quick rate from 6 a. m. to 10 or 11 a. m., increases at a slower rate from that time to 6 p. m., and then falls, reaching the minimum point at about 4 a. m. It is probable, by the way, that colds are often caught in bed at this last hour, especially by restless sleepers who partially divest themselves of their bedclothes, and so are exposed at the very time when the body demands the greatest protection. At this hour, too, the tissue changes are reduced to a minimum. The pulsations of the engine are, in a word, at their feeblest. The brain becomes paler, the appearance of even the ruddiest people grows more pallid, the resemblance to death is more apparent, so that it seems natural to speak of the dead as asleep.

"We see clearly what physiological phenomena accompany sleep, but what of sleep itself, what of the human soul lately so active, now buried in a repose as still as death? Does the soul itself sleep? Does it, like the body, need repose? What happens to the mental and moral powers of man when overcome by slumber? Is the mind liberated from the bonds of time and place, and can it visit then "worlds not realized"? What of the strange phenomena of our dreams, wherein ordinary and familiar secu-

lar events connected palpably with some of our daily experience are either blended with others not so connected or are turned upside down, and presented in an unmeaning fantasy which, nevertheless, seems at the time natural? Is our full normal consciousness there? Hardly, or the dream could not be so incongruous and impossible, yet a partial consciousness there must be, or we would not recall the dream in the morning.

"And what of those strangest, but well-attested, of all dreams, in which the dreamer sees with vivid intensity an event in the future? If the sleeping form held the complete and normal consciousness with the brain functioning in the usual way, one would suppose the activity of the connected brain-cells to be more than usually vigorous in the light of such an astounding experience; yet the very sleep in which the dream occurs depends, we are told, on the quiescence of these cells. Can it be possible, then, that in sleep, whatever the physical accompaniments, the soul does become at least partly liberated, finding the cells for the time useless as functioning organs? In a trance is the liberation still more completely effected? And in death is the liberation final and complete? We know nothing, perhaps we never shall know, but to us the problem of sleep can never be solved on any more material ground. All the scientific problems lead up to the mysterious problems of spirit."

APPENDICITIS.

In the Transactions of the Iowa State Medical Society is entombed a sensible paper by T. J. Shuell, on the non-operative treatment of appendicitis. He describes his method as follows:

"It consists in thorough colonic flushings with very warm water, every two or four hours, during the stage of appendicular colic and the stage of hyperemia following thereafter, a period of from twenty-four to thirty-six hours.

"This colonic flushing is best accomplished by means of a fountain syringe, connected with a flexible rubber tube, of about a number 20 catheter scale. The tube is passed up to the sigmoid flexure, or beyond it, and from two to three quarts of warm

water are allowed to enter slowly by force of gravity."

By this he expects to remove feces from the large bowel, straighten all kinks, flexures or twists, lessen hyperemia and venous stasis, wash away debris and thickened mucus from the entrance to the appendix and institute normal action of the appendix instead of spasmodic, and in some cases wash out the appendix itself.

He uses no opiates or other drugs whatever.

Out of twenty cases thus treated nineteen recovered without other treatment, and the twentieth was submitted to operation after recurrent attacks.

The record shows that but a small proportion of these cases really require operation, but that some undeniably do. But there is no reason that the patients should not have the additional benefit of hyoscyamine, which is too valuable to be neglected.

THE IDEAL OF A REMEDIAL AGENT.

In a recent note in the CLINIC I stated that Professor John Uri Lloyd had taken the entire plant as his ideal of a medicinal agent, and his conception of such an agent was based on the shifting, uncertain product derived from the whole plant. This statement has been fully confirmed by a brief paper by Prof. Lloyd, in the *Eclectic Medical Journal* for November, 1899; and that this is the position occupied by the Eclectic School as a body, is shown by another paper, in the December issue of the same periodical, on the alkaloids of opium. In the latter the author enumerates the active principles of opium, with a few words on their action, and asks how any one of these constituents can be held to represent the action of the entire drug.

Very true. No one of the constituents of opium can be considered as representing the action of opium entirely, and for the reason that there is no such thing as a definite, uniform action to

opium. The action usually ascribed to opium is the united action of its active principles taken together, and what this action will be, depends on the relative and absolute quantity of these agents happening to be present in each specimen employed.

The total amount of alkaloids varies from 5 to 25 per cent, and different specimens may contain very different quantities of each alkaloid. Morphine may vary from 2.7 to 22.8 per cent. The average of morphine is 10 per cent, narcotine .6, papaverine 1, codeine 0.5, thebaine 0.3 and narceine 0.2. The others generally occur in quantities too small to materially affect the action of totality of the drug, but who can say that under the conditions that favor their production they are not liable to appear occasionally in amounts capable of exerting important, even grave effects?

During the past year was recorded the death of a patient from an ordinary dose of a galenic preparation of opium. The convulsant principles happened in that instance to be present in excess. Such an incident could not have occurred if the physician in attendance had selected that one of the active principles that exerted the action he desired, and had he administered it to his patient according to the alkalometric rule, stopping at "dose enough."

All we ask of our readers is to use exactly what they need, and nothing more; to employ accurate, definite agents instead of doubtful, dangerously uncertain ones; and to give the remedy in such accurately dosed form that they can go home and to bed, knowing that their patient will get just enough, not too much, and that the effect they want is certain to be produced, not some other effect they do not want.

HYPOTONIA.

Under the name of hypotonia Fränkel called attention to a symptom characteristic of locomotor ataxia. If a normal man lie down upon the floor, upon his back, with the head on a pillow, and raise the legs until

they are fully flexed upon the trunk, the knee, unless it be in exceptional cases, will always be very decidedly bent. On the other hand, the tabetic person can, in the position just spoken of, completely straighten his legs when at right angles to the body.

THE DRUGGIST.

A popular retail pharmacist once said to the writer, "I would rather give up all the prescription trade I have, ten times over, than the profits of my prescribing across the counter." He was perfectly sincere. His practice, filched from the physicians of the locality, probably exceeded in value that of any one of them.

There is absolutely no excuse for this state of things. It exists simply because the doctors are too indolent to take the matter up and fight it. The wealthy do not feel the pinch so terribly perceptible to their younger brethren, and have no time to take up their quarrel. The younger men are, however, getting their work in, and are more and more getting in the way of dispensing their own drugs. The pecuniary advantages are so great, the expense and trouble so small, that the system is bound to become more widely adopted. And the young doctor is the coming power. He is better trained, and has in his favor that Godlike power of Youth, that energy that makes the impossible possible, and annihilates the difficulties that age fears to tackle. Bulwer said, "In the bright lexicon of youth, there is no such word as fail"; and though we may laugh at it as fustian, yet that thought is responsible for many of the most heroic deeds of man.

Leave the druggist his congenial occupation of dispensing patents in competition with the department store, of supplying toilet articles, patent foods, cigars, soda-water, household sundries, and even a little whisky on the side, but keep in your own hands the dispensing of medicines.

Take a lesson in finance from this: Some

years ago there were two sulphur soaps advertised widely. In the pharmacies were to be found these two, and another not advertised, but a handsomer looking product. The druggist informed the writer that all three were made at one factory, the proprietor of which had agreed not to advertise his own soap while manufacturing theirs; but that all three were made in the same kettle. As the unadvertised soap was one-third the price of the others, the customer usually took the cheaper article. I have not seen the advertisements of these soaps for years, and I infer that they have become unprofitable.

You stand in just this relation to the druggist. If your prescriptions do good, he can tell your patient to come to him for renewal without paying you another fee; he can prescribe them for similar cases, telling the patient it is your treatment for that affection, and thus make you cut your own throat. As long as you keep your own secrets they are yours. You don't have to tell every body all you know.

CHRISTIAN SCIENCE.

In the *Canada Lancet* there is a remarkable demonstration of the results of the Christian Science cult. Remarkable, in that at this age of the world there is to be found room for such a cult; that there are to be found people of education and presumed intelligence who will accept as truth this mess of blasphemy, superstition and brazen-faced imposition. But there are practically no limits to human gullibility, and when one has been once convinced of a doctrine his credulity is as omnivorous as an ostrich.

A few extracts will show upon what our remarks are based, and give an idea of what "guff" these people have the gall to publish as proof (!) of their claims to serious consideration:

"A neighbor came running in and exclaimed, 'Oh! Mrs. George, I wish you would treat Freddy, he has been run over by a large wagon loaded with stone, and he is in great pain.' I at once realized how impossi-

ble it was for God's spiritual idea to be run over or injured in any way. I quickly but calmly finished my work, and dressed myself, declaring the truth all the time. When I reached their home the mother told me he had stopped crying in a very few minutes after she entered the house, and was sleeping. On awakening there was nothing the matter with him."

"I am a little girl 12 years old. I treated a sick hen once of being lame, by our little prayer and the Lord's prayer. She kept getting better every day, and at last she was healed."

"A boy in the street found a frog and cut him open with a rusty knife so that his lungs were exposed. A boy named Herbert in C.S.S.S. got some cotton and laid it in it. He talked Christian Science to it at times. He kept it up next day and evening, the third day it hopped away."

"A woman had toothache, dyspepsia. In fact her whole 'cistem' was out of order. Tried everything—heard of Ch. Sc.; took a treatment; that night slept; bought S. & H. and says, 'I have not taken a dose of medicine from that day.' 'Well,' some may say, 'If I had all these things healed I would believe in Ch. Sc. too.' 'My friend, I took three months' treatment, paid weekly, and at the expiration of that time *was not cured of one thing*. I took the case in my own hands."

"Moral.—Buy S. & H.; that will cure everything."

"Woman—from childhood had been full of disease—tried everything—no good. 'I then went west, but soon found climate had no intelligence.'"

"An adjustable chair fell down, taking a piece out of my finger *clear down to the bone*. It *did not* bleed at all. The next morning it was healed over. None but those who believe that 'locomotion does not depend on material organization,' will believe that. (S. & H., p. 251.)"

"Fracture of the forearm. After two years all right."

"A child lay at the point of death—a scientist entered the room—the child began to improve *at once*, though mortification had set in."

"A boy, while out hunting was shot in the mouth while blowing the smoke out of the barrel of the gun. The bullet penetrated the roof of the mouth."

About eight months have elapsed since the accident, and the boy has suffered intensely at times.

The boy was put under C. S. treatment—eight days after the bullet fell down, the boy coughed and out came the bullet."

"Woman—dyspepsia for 6 years—seems to have bought S. & H., but does not say so. 'I tried to read the book, but found, to my disappointment, I could scarcely understand a sentence, and after struggling through the first chapter, laid it aside.' Went to a healer—in 8 weeks was well, and able to read the book."

"Eight years ago, the bridge of my nose was broken—the lower part of the nose could be moved.' He went to a lecture on Ch. Sc. 'For some days this passage of Scripture kept recurring to my attention: I shall be satisfied, when I awake with thy likeness; when finally settled for the night, the bridge of my nose seemed to wriggle. No possible volition of mine could move it with my hands. When I awoke the nose was all right.'"

"Man struck while hewing logs in the woods. He had an iron wedge under his side of the log, and in some way it flew up, and struck him on the side of the head, landing him some twenty feet away! Was unconscious—carried home—Ch. Scientist sent for. About the time the Ch. Sc. received word, he fell into a quiet sleep—at noon he was able to eat a hearty dinner."

"Several months ago I received a telegram from a distant part of the state, to treat a two and a half year old baby for flux. Just one hour after I received the telegram, baby was healed and at her play."

The point that interests us is the psychological condition of the people who accept this as proof of an asserted fact—the power of this method to cure disease. Let anyone become strongly impressed with such a theory and he will bend everything to fit it. He minimizes all that goes against his hobby, and gives the most favorable interpretation to all that goes in its favor, no matter how he has to strain the facts to do so. The whole vast realm of the Unknown and the Unknowable he marshals confidently on his side, assuming it as so much certainty, because you cannot prove the negative.

The discoverers of new remedies, of min-

eral springs, of health resorts, get up glowing accounts of the panaceaic properties of their pets, that carry conviction because of the evident sincerity of the writers. And as long as their faith lasts and they can keep up their enthusiasm, they will get good results from many. But when some unregenerate sinner turns up that won't get well, it does not shake their faith, because they actually look on him as an abnormal person, who refuses to be cured out of pure cussedness. No doubt the reaping of a goodly profit out of the affair has its influence, for most men are easily persuaded of the truth of what they want to believe.

So general is this rule that even among scientists of the highest rank the judicial faculty of Charles Darwin commanded respect, even of his opponents, from its rarity. The most bigoted supernaturalist cannot read the "Life and Letters" of Darwin without recognizing his absolute truthfulness, his stern criticism of his own doctrines and the full credit he gives the arguments of his adversaries.

Perhaps we are expecting too much of the public in asking it to look critically at the claims of these latter-day miracle-mongers.

HEROIN.

Ott (*Med. Bulletin*), has investigated heroin.

Experimenting on frogs he finds that gr. 1-12 produces loss of motion and sensation, muscular twitchings, convulsions and death. The motor paralysis is central; the twitchings due to centric irritation. The sensory effect is also central. The reflex activity is lowered, sometimes followed by an increase, preceding final decrease. After removal of the whole brain, heroin still depressed the spinal reflex activity, showing that the diminution of reflex action was not due to stimulation of reflex inhibitory centers in the brain. Heroin slowly decreased the number of heart-beats.

In rabbits heroin does not alter the pulse-

rate, but raises the blood-pressure. The respirations are greatly reduced, a specific action on the respiratory center. The temperature is slightly reduced.

ALKALOIDS IN 1900.

Over the whole world we are reaching out for the latest and best information upon the active principles and their applications. Wherever an investigator appears we open correspondence with him and endeavor to secure the results of his labors for our readers. We want such material. Investigations or observations made by any of you upon the alkaloids will have preferential place in the columns of the CLINIC.

And in pursuance of this idea you may expect to find certain changes in the CLINIC for 1900, evidencing that Alkalometry has passed out of the stage of experiment and controversy into that of unquestioned establishment—fewer records of first trials, of conversion, more of clinical experiences, of improved results, of opening new fields; new uses of alkaloids, perfecting the indications for their use; new agents introduced; closer adherence to clinical applications and the modifications of theories necessitated thereby.

A Herculean work! Impossible for any dozen men; but divide it among 30,000, and *what cannot be done!*

IODIPIN.

Iodipin is a combination of iodine with sesame oil, containing ten per cent of iodine. It has been used by Burkhart in a series of tertiary syphilis cases with success, instead of potassium iodide. The advantage of Iodipin over the latter is that its absorption takes place in the intestines only, decomposition into the constituent parts takes place slowly, and its effects on the organism are more continuous than those of the inorganic combinations of iodine. In one case Burkhart used the remedy subcutaneously without the least irritation. This new preparation of iodine is indicated wherever the

stomach is irritable, and iodine is to be avoided as much as possible. Where potassium iodide is not tolerated Iodopin will be easily borne.

WHOOPING COUGH.

Laura (*La Dosimetrie au Canada*) thus treated a severe case of whooping cough: The room should be large, well aired, kept at a uniform temperature; in fine weather the child may spend the day in the open air; clothe in light wool; avoid fatigue, emotion, night-air, immoderate laughing or crying; feed carefully, easily digestible, nutritious food; the basis milk, soups, chocolate, meat, eggs, somatose, peptones. If the child vomits its food, give more.

Medicate by indications; secure sleep; for fever aconitine, quinine, hydropathy; for the spasmodic element, hyoscyamine, codeine, atropine, croton chloral, camphor monobromide, iodoform, singly or combined. Helenine merits a place, from its action disinfectant, antimicrobial, tonic expectorant; it restores the digestion and sustains the nervo-muscular action of the stomach. Intubation or tubage may be required.

Quinine, by its power anti-infective, sedative and tonic is a remedy of the first rank. Calcium sulphide is the anti-microbial for older children. Applications of cocaine and resorcin are useful. Inhalations, sodic, bromic, of eucalyptus, chamomile, or terebinthinate, are excellent adjuvants.

In the late catarrh, the balsams, emetin, kermes, terpene. For cardiac debility, digitalin, caffeine, strychnine. For gastric debility, gastro-nervous modifiers. Diligent asepsis of the nose, mouth and throat.

For the frequent anemia, iron, arsenic, glycerophosphates, perfect feeding and the climatic cure.

GLONIN.

Upshur (*Va. Med. Semi-Monthly*) thus describes the effects of glonoin: Specifically, languor, nausea, rapid, weak, dicrotic

pulse, gastric pain, sometimes unconsciousness, lowered heat, complete resolution of muscles of animal life, dilatation of retinal vessels. The weak suffer most. The pulse-change begins in six minutes and lasts an hour. Mobility is impaired, then sensation, to all irritants, reflexes falling. Muscular contractility is impaired. Death is due to failing respiration, carbonic poisoning affecting the brain. The hemoglobin is damaged, the heat falling. Most serious symptoms are not fatal. Glycosuria follows, and the urine is probably increased.

Therapeutics: For epilepsy, at the beginning of a fit; the chill of ague; whooping-cough; spasmodic croup; migraine and neuralgias with facial pallor; tetanus and hydrophobia; antidote to strychnine; reflex vomiting and gastralgia; angina pectoris, true or false; engorged right heart, threatening failure; neuralgic dysmenorrhea; hour-glass contraction, especially following ergot; with strychnine for opium poisoning; renal and hepatic colic; for muscular spasm; gastric and intestinal spasm (colic); acute nephritis; disappointed in spasmodic asthma and sciatica.

Contra-indications: To sustain the heart in septicemia and in typhoid fever. No agent can be safely administered to sustain heart-action, and avert death from heart failure, which depresses the medullary center, and threatens paralysis of respiration and markedly of the muscular system. Glonoin also lessens the oxygen-bearing capacity of the red cells. Long-continued repetition begets tolerance; susceptibility varies; alarming syncope may follow. Glonoin alone acts more promptly by the mouth than hypodermically.

HAPPY NEW YEAR.

Doctor, we extend to you the right hand of good fellowship and with a hearty grip of whole-souled good-will we wish you a happy and prosperous New Year. May 1900 prove a Year of Years to you in all good things.

LEADING ARTICLES

ACONITINE IN ACUTE INFLAMMATIONS OF THE RESPIRATORY TRACT OF CHILDREN.

By JOHN M. SHALLER, M. D.,

Professor of Physiology in the Cincinnati College of Medicine and Surgery.



It is doubtful if physicians can prescribe alkaloids for the first time without feeling that perhaps they are giving too large a dose.

This fear is most likely to be felt by those who have used medicines in other forms for many years, and now for the first time give aconitine, atropine or hyoscyamine. The first patient to whom I gave aconitine was but three days old, and I must confess that I was very uneasy and uncomfortable, until I found my patient the next morning not only alive and free from harm, but to my utter astonishment, very much improved. Nearly ten years now of daily experience with amorphous aconitine have established the writer's faith in this remedy. It is without doubt the most useful, the most satisfactory and the most important and reliable, medicine that can be prescribed in the treatment of acute inflammations of the respiratory tract of children.

There are many physicians who would hesitate a long time before giving aconitine to infants, because they consider it a most active poison. It is supposed to be uncertain in its action, unreliable and dangerous; all of which, I have no hesitation in saying, cannot be said truthfully of the granules of amorphous aconitine as prepared by the Abbott Alkaloidal Company.

A substance is poisonous to human life only when given in poisonous doses. It is gen-

erally the physician who prescribes the dose. The medicinal dose of amorphous aconitine is accurately known. If certain simple rules are followed, it is impossible to do harm to the patient, no matter how young it may be.

If the general practitioner thoroughly understands the indications and knows the proper dose of amorphous aconitine, he has already thoroughly mastered nearly all the therapeutical knowledge necessary to successfully treat acute inflammatory diseases.

The principal indication for its use is fever. The higher the fever, the more active or sthenic it is, the more brilliant will be the results. The earlier in the course of the disease the patient is seen, the more marked and rapid will be the improvement, and the chances are just so much better for aborting the inflammation.

It may be claimed, however, that nothing but a symptom, *i. e.*, fever, is thus being treated. It is impossible to reduce fever by means of amorphous aconitine without its influencing the very source of the fever, and it does so by indirectly acting upon the diseased, inflamed or pathological area. It takes away from that area the abnormal amount of blood which is necessary to produce congestion and its consequent inflammation. Use whatever means you may to deplete a threatened organ, as by sweating, violent purging or bleeding, the congestion

must cease, the inflammation if just begun will be frequently aborted.

Amorphous aconitine accomplishes similar results by augmenting all the secretions, by restoring the vaso-motor disturbances, and by sending blood to the surface it draws it from the focus of inflammation.

Amorphous aconitine should be used only in sthenic cases. As a rule asthenic conditions are not met with during the first few days of acute inflammation. Asthenia results frequently, either because of neglect or because of failure to early and properly treat or check acute febrile movements. It is undoubtedly true that many asthenic conditions would not have become such had amorphous aconitine been properly administered during the first twenty-four or forty-eight hours of the disease.

At the risk of repeating what has been formerly published, but which has since been daily confirmed and verified, I will say that in every case which the physician sees early enough, he should make the attempt to abort acute inflammatory disease of the respiratory tract. There is no doubt that this can be done. All that is necessary is to begin active treatment as soon as the case is seen. There is one thing certain, that by following the rules with regard to the dose, no harm can be done, while at the same time the patient is receiving the best possible treatment. Even if the disease is not checked the chances are that improvement will follow quicker than by the use of any other medicine. It will bear repeating to say, that in order to abort acute inflammatory disease it is necessary to see them early in their course. Before positive signs of inflammation set in, as soon as an inflammatory movement is recognized even by its premonitory symptoms, and fever is present, amorphous aconitine should be administered.

We should more carefully observe the until some effect of the remedy is noticed. symptoms which precede the actual stage of inflammation. After inflammation is established there is usually no difficulty in recog-

nizing the fact or in locating it. This is not enough. Our experience should be such that by observing certain symptoms we ought to be able to anticipate inflammatory diseases, and by proper treatment prevent them from going beyond their initial stage. It is not necessary to wait until positive signs of inflammation exist in order to apply active treatment against it.

We should learn to feel reasonably sure that inflammation will naturally follow certain easily recognized and more or less constant signs. We are frequently assisted in making a diagnosis or prognosticating into what disease certain slight symptoms are likely to terminate, by noting the prevailing diseases. We should strive above all things, by all experience possible, to intelligently and logically anticipate inflammatory diseases, not solely for the purpose of being able to do so, but for a more important reason, viz., that we may by administering amorphous aconitine abort them. This is the practical part. The signs usually preceding or accompanying inflammatory disease are chilliness or rigor, hot and cold flushes, general muscular soreness, headache, increase of the pulse-rate and temperature, general indisposition and drowsiness, thirst, loss of appetite, scanty secretions, and later there may be soreness or actual pain in the structure or organ involved.

Aconitine should not be given to patients suffering from any of the above symptoms unless there is fever. With the doses recommended it is almost impossible to produce such slight physiological effects of the drug as tingling, so long as fever is present in acute diseases of adults.

With the idea fixed in our mind to abort acute inflammatory diseases, and to vigorously attack certain conditions which we believe will terminate in them if not checked, we must now know something about the dose and the method of administering the medicine which can check acute inflammatory diseases of the respiratory tract.

While all the remarks made with regard

to the action of aconitine and the results of treatment apply equally, with regard to adults as well as to children, it is to the latter class that special reference is made. The dose for an adult is one granule every half hour or hour, properly given in solution. To infants and young children the solution is necessary. The granule is readily soluble. Amorphous aconitine, gr. 1-134, is the only kind used by the writer and the only kind alluded to in this article.

Infants under twelve months require one granule dissolved in twenty-four teaspoonfuls of water. One teaspoonful of this solution should be given every half-hour until there is some sign of improvement, after which the dose may be repeated every one or two hours until the temperature is normal.

To infants under one month of age a teaspoonful should be given every hour, not oftener. As the child grows older the medicine is given more frequently.

For children one year old two granules should be dissolved in twenty-four teaspoonfuls of water; for an older child one granule for each year of its age, together with one extra granule, should be dissolved in twenty-four teaspoonfuls of water, a teaspoonful being the dose.

Experience will soon indicate when one or more granules may safely be added to the above established dose. This dose for infants represents about 1-3000 grain. That it is small is true; that it is sufficient, reliable and constant in its action, is also true. That it is dangerous or harmful the writer does not believe to be true. At least he has never known of or heard of any evil results following the administering of aconitine in such amounts.

It is much better to obtain results with even very small doses frequently repeated, than by giving maximum doses at greater intervals. The dose of amorphous aconitine has probably been a stumbling block. With some physicians the very minuteness of the dose carries with it an element of danger;

for a remedy must possess great potency to be useful and effective in such small quantities.

These small doses are not given because the patient cannot stand a larger dose, but they are given because they are the smallest quantities that successfully bring about desired results. Infants can bear two or three times this amount without any risk being run, but the larger dose is unnecessary, unless the danger be great.

The writer adheres very strictly to the above rule, because of its correctness, of its effectiveness, of its simplicity, and lastly because years of experience have proved it to be harmless.

If amorphous aconitine has ever given disappointment in the reduction of fever in acute inflammatory diseases, it has been because of the dose and method of administration, or because unreasonably quick results were expected.

Under the most favorable conditions aconitine will not reduce fever in two, three or even four hours. If this is what is wanted, then we must look elsewhere. The cool or the cold bath is undoubtedly the quickest, safest and best means to safely reduce asthenic fevers. Antifebrin among medicines is the writer's choice; only, however, when the emergency is great. Usually there is no great hurry to reduce the fever. From twelve to twenty-four hours is about the time required. If reduction of temperature is not accomplished within that time, the probabilities are that the fever will continue several days longer. When inflammation is well established, the most that aconitine can do in the majority of cases is to lessen the fever one or more degrees, but sometimes it will even reduce the temperature to the normal within twenty-four hours after treatment is begun.

Experience teaches us that when fever is once reduced in acute inflammatory diseases, it is usually the end of that attack. The importance of reducing fevers is obvious. But at the same time there should be no undue

haste in doing so. A slow, gradual and sure way of accomplishing this, by means of amorphous aconitine is safer, more lasting and produces infinitely less shock to the system than do coal-tar derivatives.

In properly selected cases one may feel that the remedy is the best that can be used, and also feel perfectly safe that one's patients are in no danger of being poisoned.

Substances possessing marked medicinal virtues, also possessing highly poisonous properties, should be thoroughly understood in every particular. Indications for their use and their doses should be so clearly set forth that their administration could not possibly carry any fear with them. Clinical experience has placed amorphous aconitine upon such a basis.

This remedy is frequently the only one given during the entire attack, at least until the temperature is restored to the normal; after which, for a child a year old, two or three granules of strychnine arsenate, gr. 1-134, are dissolved in twenty-four teaspoonfuls of water, and a teaspoonful is given every three or four hours. If cough continues, twenty-four granules of emetin are added to three ounces of water. If, as is frequently the case, mucous diarrhea is also present, showing that the intestinal as well as the respiratory tract is involved, a slight aperient, as Seidlitz salt, is given, which is followed with one granule each of emetin and of codeine gr. 1-67 each, every two hours to a child one year old. For infants under six months of age half a teaspoonful of this codeine and emetin mixture is about the proper dose. Waugh's Anodyne for Infants is an excellent combination for dry irritative cough or for diarrhea. One granule for a child from six to twelve months of age is a dose. This can be repeated every one or two hours until there is some improvement. In capillary bronchitis reliance is chiefly placed upon glonoin, digitalin and strychnine; or three to five drops of spirits of camphor may be given in milk every hour.

The entire chest should be enveloped in flax-seed poultices, changed every hour.

The more rapid the breathing, the more constant and irritating the cough, the bluer the lips become, the greater is the demand for hot poultices. It is the writer's firm conviction that here poultices give more relief than medicine. The heat itself seems soothing, as the constant hacking cough grows less as soon as poultices are applied.

When the disease has already existed four or five days, or has become established, brilliant results are not to be expected. The treatment need not be so active, unless the patient is strong and the fever is high. Generally a teaspoonful of the aconitine solution should be given every one or two hours.

If the patient is delicate and shows but slight debility, Dosimetric trinity No. 1, should be used in place of amorphous aconitine, and in similar doses. If there is marked depression, feeble pulse, cold extremities, sunken features and great pallor, aconitine is surely contra-indicated. Glonoin, digitalin and strychnine are then indicated. To a child one year of age, two or three granules of each are dissolved in twenty-four teaspoonfuls of water, and one teaspoonful is given every hour. To a child under six months give one-half teaspoonful. If the cough is very dry emetin is added to the aconitine; one granule, gr. 1-67, may be given to a child of twelve months. If the cough is painful and harassing codeine gr. 1-67, may be given every one or two hours, *but not, however, where there is depression.* In acute coryza where the nasal discharge is watery and profuse, one granule of atropine, gr. 1-250, is dissolved in twenty-four teaspoonfuls of water, and a teaspoonful given every two hours, until the discharge is checked or until there is redness of the face. Half a teaspoonful may then be given every two hours until relief is obtained.

There is one point that should be clearly set forth. When amorphous aconitine is given as above suggested, it is frequently found that the pulse-rate and respiration are

reduced before the temperature falls. *The pulse beats slower and stronger under the influence of amorphous aconitine.*

This occurs when proper doses are given. In spite of what has been said about exact doses, it is impossible to arbitrarily fix an exact dose in every case. The exact or proper dose is that amount which will give relief and not pass beyond harmless physiological effects. It may be little, or it may be much. The severity of the symptoms, the physical and mental condition of the patient, even the mental impression made by the physician himself, all influence to a greater or less degree the amount of medicine necessary to relieve a symptom or to cure a disease. The policy advocated as a result of the above observations is that in order to find the proper dose minimum doses are given, frequently repeated until some improvement is observed, or until primary physiological manifestations are produced. The remedy is then given at greater intervals in order to maintain them, or until marked relief is obtained. Maximum doses are rarely needed, except in great emergency.

By following the plan of withdrawing the medicine gradually, either by lessening the amount or extending the dose interval, as improvement becomes manifest, there is very little danger of over-dosing.

As long as active fever is present in acute cases, harmful tendencies of aconitine are combated; just as pain combats harmful tendencies of opiates, even when given in excessive doses, which similar amounts of opium given in perfect health might prove serious. So it is with aconitine, and with many of our most useful medicines. If the indications are clear for the use of any medicine, push it until the improvement is manifest. If improvement does not occur push it until full physiological effects are produced, and then maintain them.

In young children it is impossible to note one of the first physiological effects of aconitine, viz., tingling or numbness in the

lips or finger-tips. Here the only guide that we have to show that the patient is under the influence of this medicine is to note the improvement. The breathing becomes easier and slower, the face less flushed, the skin cooler and moist, and the patient is not as restless.

These indications are such as most mothers can easily observe, and which must guide them in the gradual withdrawal of the remedy. In one or two cases only have I known vomiting or diarrhea to be produced. Idiosyncrasies do not frequently manifest themselves. In fact, they appear less than with most medicines. The reason for this is the smallness of the dose and its gradual withdrawal as improvement advances. The probabilities are that many of the so-called idiosyncrasies are simply cases of large dosage, maximum instead of minimum doses having been given.

Cincinnati, Ohio.

—:O:—

Really, it does seem impossible that any human being fit to be intrusted with the administration of medicines could mistake Prof. Shaller's explicit teachings. We said recently that over twenty million of aconitine granules had been sent out of the Abbott factory, with not a single report of accident from their use. That is Quantity. Professor Shaller's nine years' experience, as herein epitomized gives Quality of Experience. As to the quality of the medication, one may ask, in view of the gigantic number of granules used, have they any strength at all? But just chew one up, and you can answer that question yourself. A single granule will produce such a degree of numbness and tingling of the tongue, with paralysis of the sense of taste, as will readily prove the activity of the aconitine. The power is there. The safety lies in the scientific manner in which the remedy is administered, which renders overdosing impossible. We trust that Prof. Shaller will soon favor us with similar papers upon the other alkaloids.—ED.

ALKALOMETRY.*

By A. S. WAISS, M. D.,

Professor of Gynecology, West Side Clinical School.



HAVE been asked to fill Prof. Waugh's hour, he having been called out of the city, for a brief visit.

I have selected Alkalometry, and the reasons for my conversion thereto will develop as we go on. Years ago, when I left the University with my precious sheepskin in my possession, the lessons of my worthy professor of materia medica and therapeutics still fresh in mind, I imagined I possessed an armamentarium that nothing could circumvent. But how sad the awakening!

Hopes were high, for wasn't each drug specially studied, labeled, and tacked to a disease it was to cure, why, disease was to fly before it, as the mist does before the morning sun. But did it do it in actual practice as it did theoretically? And why not? This "why not" is what we will now discuss.

Have you gentlemen ever considered how much a physician is in the power of the druggist, how much of the physician's reputation is in the druggist's hands? Take for instance the brightest medical mind, a man of vast learning and erudition, a good diagnostician, in fact a perfect physician, see him at the bedside of an intensely sick person, the diagnosis at last correctly arrived at, a certain drug or drugs found necessary, correctly chosen and prescribed, what then? The R is taken to a druggist, and there is where our doctor's woe begins, for our druggist happens to belong to that great class of Ph.G's, suffering from a disease known as "substitution," the greatest evil of our times, yet a boomerang, as you shall see.

Here I wish to add between parentheses, in all justice and fairness, that there are

some who have not succumbed, but they are in an awful minority in this great city of ours.

The druggist scans the R and finds that either he doesn't keep the drug prescribed or that he is just out of it, and it is too much bother to order a whole bottle for just one R, or that it would take too much time to get, or he may have something that is "just as good," or it may look just as the other stuff, taste like it, in fact could not by either smell or taste (our ordinary means at hand) be detected; or the druggist may have a preparation of his own (this happens oftener than one imagines) that he wants the physician to use, *nilli villi*, whether the doctor wants it or no; or better, whether the patient needs it or no; and I will leave to your imaginations the sequel. We see our physician with his brow furrowed, bending over his patient, watching his fleeting breath, or the patient's heart-rending struggles, and wonder continually why the drug he prescribed is not affecting this patient as he has been taught, and knows the drug would and should act. Why does his patient show symptoms the very reverse of those he was to expect? Why?

This is but a short review, gentlemen, of the dishonest druggist, who wilfully gives something else than was prescribed. More, a great deal more, could be said in sharper, louder, in more ringing and cutting words, for substituting is a crime. I place it among the capital crimes, for many a life has been sent into the hereafter, and the fault thereof rolled on the physician's shoulders.

So let us leave him and turn to the honest druggist, who abhors substituting, who would rather lose an R than give something not called for. How about him? There are some druggists who make all their tinctures and extracts, while others buy them already made. Now what means have these latter to verify the strength of the products they bought? None. They bought them on faith, they are selling them on faith, and on faith your patients are taking

*A lecture delivered to the Senior Class at Harvey Medical College.

them; and often, quite often, without the desired result.

Now again, as to the druggists who make their own tinctures and fluid extracts, how about them? (mind well we are speaking of the honest druggist). His pharmacopœia demands a certain quantity of a drug, finely divided let us say, a certain menstruum, of a certain strength and quantity, to be packed in a percolator, and the menstruum permitted to pass through the drug in a certain length of time, which all was done faithfully. Now how about his tinctures, or extracts—surely they are correct.

Let us see:—The pharmacopœia demands that the drug shall be of certain strength, that is, that it should contain of the drug-essence, of the active principle, alkaloids in some, a certain quantity. Now what means has he to satisfy himself of the fact? None, absolutely none. He bought his drugs on faith, and on faith he made his products.

But faith is often lacking in scientific accuracy. We all know that drugs labeled under a generic name are not always of a standard strength; the variations are from *nil* to way beyond the standard, which is but an accepted average. A great many reasons can be given for this state of affairs. You may have noticed perhaps how differently the same kind of plants, grow on a comparatively small patch of ground. The land may not be as rich in one spot or locality as in another there may have been too much or too little moisture during the plant's life, the climatic conditions may have been most excellent or the very reverse, with either too much or too little sunshine, too much or too little heat, or as it often happens, too great a variation of temperature, and all these elements and many more enter into the life and growth of a plant.

Then the plant may have been harvested too soon, or permitted to get too ripe on the stem; all these affect the active principle of the plant; so, mark me, the useful part of the plant medicinally is the active principle,

the alkaloid it contains. Now what means has our druggist to satisfy himself that his drugs contain the exact quantity of the active principle, the alkaloids, demanded. May not his fluid extract or tincture be absolutely inert, having extracted only coloring matter and some other inert but soluble substances from the drug, and he in all honesty dispenses an inert substance, when the patient's life may depend on the quantity of alkaloid prescribed?

On the other hand, let us suppose our drug is of the best quality obtainable correctly grown, correctly garnered, dried and prepared; this drug may go to the other extreme, and contain more active principle or alkaloid than demanded, what means has he to verify this again so as to cut it down? None, again. So he makes his tinctures and fluid extracts that are really surcharged with alkaloids, may it not also happen to this druggist that his bottles containing his surcharged preparations, standing on his shelves, gradually evaporate? Alcohol and water are volatile, and many a stopper does not fit its bottle, and it gradually diminishes in bulk but gains in strength; for alkaloids are not volatile at ordinary temperatures, and his products become twice or even three times as strong as the standard the physician had in mind when he was prescribing.

Also let us suppose that our patient being critically ill, the doctor prescribed the maximum dose of a standard solution, and our druggist fills it out of his concentrated bottle—well, I need not dwell on the outcome, you may depict it to yourselves.

So being hit times upon times in such a manner, for what I have recounted, I have actually experienced, I came to the conclusion that therapy as we usually get it on our R is a snare and a delusion; and I turned more and more to surgery, for its results were more tangible and positive. We did not have to depend upon an intermediary person who only had his gain in view, forgetting the irretrievable damage he was doing thereby, both to patient and physician.

As I did not care to place my reputation absolutely in their hands, I began to prescribe less and less, and only those remedies I had to.

There are some large pharmaceutical firms in the U. S. who have, at least claim to have, chemical and analytical laboratories at their factories where each and every drug is tested, and if found to contain an insufficiency of the alkaloid is rejected; that is, is not bought by them. Now what becomes of this mass of drugs? (I have in my possession a pamphlet where one of these firms makes the claim of having rejected thousands upon thousands of pounds of various drugs.) What becomes of all these drugs? Why, they are simply marked a shade lower than current prices and bought either by unscrupulous firms, and their names are legion, or unloaded on some poor honest druggist for him to work up.

Then on the other hand our great pharmaceutical firms, who test all their drugs first, make good products, but what vitiates it is that each firm, just to be distinct, adopts a different standard, their products are of different strengths, and how is a physician to remember all these various strengths? They disregard the pharmacopœia, claiming to improve thereon, and what happens? Doctor A— gets into the habit of using only factory X's products, so prescribes, this is to save mental wear and tear—and I don't blame him—but Dr. B— uses factory Y's products, and so down the whole line; and the poor honest druggist, honest at first, is forced to keep his shelves loaded with the products of every factory, if he wishes to satisfy every physician, an absolute physical impossibility. What occurs then? Why, it is but a short step to substitute, give some other product, or what is worse, his own decoction, and with all that follows.

The fault, the crime, lies in the cupidity of every person connected with the preparing and dispensing of drugs, of drugs that are hidden under special formulas and trade-

marks, from the big manufacturing chemist to the pettiest druggist. But dark as the picture may look, yet none too darkly painted, we have the remedy at hand and here it is:

It has been known for ages that the medicinal value of plants lay in certain fixed principles, to get which various other products were extracted per force from the plant, such as coloring matter and inert substances, that gave to the preparation its taste, odor, etc., but were useless. Often two or more active principles were found in one plant, often antagonistic to each other and at times affecting the constitution differently, one beneficially and the other mayhap the reverse, and yet the methods employed of percolation, extraction, etc., did not take this under consideration, and could not separate them. Hence large firms sprang into existence who undertook to put upon the market the active principles, singly as far as possible, of all drugs, and allow you to combine them as suited to each case. This was advance indeed, as great as any made in other lines of medicine, and so was born the remedy for the abuses I have mentioned.

Yet other evils will be mentioned before we are through. Alkaloids and active principles bought in bulk from the factories were not available to the busy practitioner, especially of drugs where an infinitesimal quantity was needed. Nor do they make very appetizing or sightly draughts in that form. This gave me a great deal to think. I found that homœopathy would long ago have died, been buried and forgotten, were it not for the fact that the remedies they gave were so pleasant to take. And here is the main secret why in spite of all the fallacies on which that school is based, namely, such as these, the cardinal ones: "That all ailments without exception from ingrowing toe-nail to a case of apoplexy were due to the 'itch'!" "*that like cures like*," that is, if an attenuation of a drug given to a healthy man produces colic, a greater attenuation will cure a colic in another man; and finally "*that*

higher the dilution, that is, the more infinitesimal the amount of drug, the more potent the remedy," the potency may become so great that it may become entirely too strong for the patient to take.

This is the tripod upon which homœopathy was built, and as I have said, its survival is chiefly due to the ease and pleasantness with which their remedies or lack of remedies may be taken.

Having come to this conclusion I cast about for some means to meet them on their own ground, and this I found at last in "Dosimetry" or "Alkaloidal Medication," and further I made the discovery that we had in our very midst a factory that prepared these drugs in so palatable a form, that competing with our homœopathic confreres became an easy matter, and one which at the same time eliminated the druggist evil, for it enables us all at a very small outlay in money and time to be our own druggist. Now the benefits accruing must be great to induce a physician to give time and money, yet let me assure you it more than repays. The physician's brain being his stock in trade, the patient has only a right to as much of it as he pays for, that is, as much as will take to relieve his ailment for which he consults his physician. Beyond this he is using what doesn't belong to him, and is to that extent stealing from his doctor, as the following will illustrate:

A patient came to me on account of some piles that annoyed him a great deal. I proposed operation; he was not ready, had no time, etc., so I gave him a salve for the time being to relieve his suffering. This salve not only relieved but actually cured him; and so pleased was he with the effect that he had the druggist give him a copy of the prescription, which he gave to every friend that suffered with the same ailment.

Some months later, meeting him on the street, he greeted me with this remarkable address: "Why, doctor, that salve you gave me was a cracker-jack. It cured me entirely, and I have given a copy of it to at

least 200 of my friends, and it hasn't failed in a single instance"! This was done by a friend in the fullness of his heart, who did not see that he was robbing his physician, his benefactor.

Some years ago, when influenza was claiming its greatest number of victims, a patient who was left with a cough received a prescription for a syrup. It cured him and it also made the round of friends who needed such a syrup. The same druggist, putting up the syrup a number of times and hearing it lauded generally, conceived the idea of putting it up wholesale; which he did, and simply flooded that part of the country with it, under a copyrighted name; using my very patients in his pamphlets and printed matter as references.

Further, substitution is absolutely eliminated, and you know positively what your patient is receiving, to a fractional part of a grain; you know what you are to expect, or should expect, from your medication. In acute cases, having your medicines with you, you may begin medication at once, losing no time, time which often is valuable and which is invariably lost if the druggist's assistance is needed. This is done chiefly to impress the buyer of the difficulty the druggist meets in compounding the R, hence the price asked is "not half what it ought to be," etc. You leave just sufficient medicines with your patient to last him till your next visit and no more, and rest assured, your next visit will be welcome to replenish the remedies if nothing more. You raise yourself in his esteem, by demonstrating to your patient the thorough mastery you have over drugs. They have more confidence in you, and your remedies have better effect, especially when the first few doses are given by yourself. Large drug bills are saved, and this is an important item to the physician, for money thus saved is likely to be used in paying the doctor's bill.

Then you have the satisfaction of knowing that his prescriptions are prepared just as he wishes to have them. The use of in-

ert drugs, mistakes of compounding and giving the prescription to the wrong person, are things of improbable occurrence. When the physician is also the dispenser, copies of his favorite prescriptions are not passed through the community and refilled for the benefit of the druggist and of the neighborhood; neither are his prescriptions scrutinized and commented upon. His daily business, represented by the number of prescriptions he writes, is not a subject for drug-store conversation. The nature of his patient's sickness is not exposed, and the family is no longer subjected to such questions as "what is the matter?" or "who is sick?", delicate questions under some circumstances. In short, the doctor has the control of his practice; he shields his patients from harm, the family from interrogation, and his prescriptions from comment.

About fifty years ago Prof. Burggraeve, of the University of Ghent, conceived the idea of administering in disease, according to certain simple rules, the active principles of plants prepared in granules. Because the medicines were "mathematically measured" in small doses, the name "Dosimetry" was applied to distinguish this method of prescribing from others then in vogue. It is not claimed that dosimetry is a new system or that it is a complete practice. The active principles of plants which have been used for ages in cruder form are prepared in granules. This is done for the purpose of convenient dispensing and of assuring accurate dosage. That granules contain accurate doses is evidenced by the fact that uniform results are always obtained, and fatal effects have never been observed. One of the precepts of dosimetry or alkaloidal medication is: "To acute diseases oppose acute treatment; to chronic diseases chronic treatment" (Burggraeve).

These granules represent a minimum adult dose, and in acute diseases they may be administered every fifteen minutes, every half-hour, or every hour, according to the severity of the attack, until some im-

provement is manifested. The medicine should then be given at greater intervals. By pursuing this method closely it is simply impossible to overdose your patient. On this account the use of the alkaloids and other active principles and powerful drugs is perfectly free from danger. You must know that in "Dosimetry" alkaloids are not the only remedies employed, for such remedies as resinoids, glucosides, acids, salts of various metals, extracts, and various chemical combinations, and other substances, such as pepsin, iodoform, glonoin, camphor monobromate, etc., find also room as valuable remedies in the treatment of diseases.

The "*materies morbi*" is never lost sight of, and every endeavor is made to eliminate and to neutralize it. The cause of disease is always sedulously sought, with the object of applying treatment directly to it. This is called the "*dominant treatment*," which means treatment directed against the cause of the disease; and if the cause is unknown, treatment must be directed against the most prominent symptom. Thus we have what is known as "*variant treatment*"; this is, treatment limited to concomitant symptoms, and is discontinued as soon as relief is obtained, while the dominant treatment is continued as long as the disease lasts.

The actual dispensing of granules is an easy matter, while in very young children where a solution is needed it also can be made without the slightest inconvenience. Dr. Shaller, after many experiments, found that the dosage for children, of such drugs as aconitine, cicutine, gelseminine, veratrine, and others, could safely be given as follows: One granule for every year of the child's age, and one more, dissolved in twenty-four teaspoonfuls of water in a tumbler and a teaspoonful given every one-half or every hour as indicated. For a child of one year two granules; while a child of six months takes one granule in twenty-four teaspoonfuls of water, and a baby of three months, one granule in forty-eight teaspoonfuls of water.

Of such purity and efficiency have these granules been found, that some have even been given hypodermically without causing any irritation whatever, acting just as tablets specially prepared for the syringe.

Chicago, Ill.

OUR TUBERCULAR PATIENTS: WHOM TO SEND AND WHERE TO SEND THEM.

By J. FRANK McCONNELL, M. D. (*Tor.*)



HAT we have such patients no one will deny; for the age of the millennium has not dawned, and the sad procession of blighted lives is still wending its way toward the beckoning hand, till science shall have called halt.

Who does not recall, in the student days of even the youngest of us, the sadness with which our preceptors were wont to recognize the presence of consumption in young and promising men and women, the particular bright shining lights of each one's social sphere. Let me quote Allbutt of Cambridge in this particular: "Well I remember," he writes, "the fatal—for such it then seemed—the fatal note of the 'consonating rale'; how it impinged on the unwilling ear like a knell. For they nearly all died in those days."

But surely this is a gloomy picture. Is there not a brighter side? Cannot some new light be shed upon it—that the faded color may be restored? Can it not be placed amid new surroundings, that the darkness may be dispelled? I believe this is possible. The dawn has passed and we are standing bathed in the light of the noon-tide science.

With Koch came the great victory—our certain early diagnosis — with diagnosis came treatment, worthy of the name, for it is indeed prophylactic as well as active. The profession quickly became alive to the necessity of pure air and sunshine for such patients; they were aware that certain locali-

ties excelled in these essentials; the continent became studded with Kühranstalten and Liegenhallen; thither the patients were sent, the early and the late, the vigorous and the hectic, and as a result of such empiricism the disappointments were many. Then came discrimination, whom to send was the question uppermost in the professional mind, and on this topic I should like to add my quota, giving my opinion and experience in the matter.

Let me commence with this query: Who are the patients in whom the tubercular process is arrested? In nearly every case they are those in whom early diagnosis of the existence of tubercle has been made, and who as a consequence have immediately been placed amid suitable environment in order that the curative process might be established. There are those present I am sure, who have as it were, been snatched from the imminent peril of certain death, as the result of the skill which their medical attendants displayed in detecting the focus of disease and providing for it.

It has been the cause of great satisfaction to me to see annually young men and women already presenting clinical evidence of their tubercular infection, coming out to New Mexico and there regaining health and strength, converting a hypotrophic constitution into an orthotrophic one, and oftentimes becoming stronger than ever before. But, again let me ask: What class of patients give these results? The early cases, those who as yet have no appearance of invalidism, in whom the slightest token of chronicism is unnoticed by the experienced observer, who within themselves are yet almost unconscious of any serious lesion, but by reason of some annoying symptom, or acting on the advice of friends, have been led to consult their physician. The medical adviser, thus consulted, if he wish to prove himself worthy of the confidence entrusted to him, will make a careful examination, microscopic as well as macroscopic, and will, as a result, honestly advise his patient

as to his true condition, not engendering the false hope of "nothing wrong," "bleeding from the throat," or a "bronchial irritation following *la grippe*," if inwardly he believes and knows otherwise; but encouraged by the early discovery of trouble, will advise, if circumstances permit, climatic change, even if it be only the outskirts of the city or locality in which the patient resides. It is such cases that improve and live to thank the physician who has proved himself such a benefactor.

There is another class of patients whom we who practise in health-resorts meet very frequently; those unfortunates in whom the disease manifests itself with that severity which puzzles the pathologists, and those still more unfortunate, who have been allowed to let the day of their deliverance speed by, till, beyond all help from climatic influence, they are sent away from home and friends, and all that that means, only to find death in strange places. Such scenes are of altogether too common occurrence.

Therefore the patient most amenable to climatic influence still possesses a fair portion of activity and bodily strength; the hand of disease has not as yet laid heavily upon him; the tubercular lesion is slight, if any; perhaps nothing more than a little cough, with hemoptysis, has called attention to his lungs; or more favorable yet, some evidence is found of the pre-tubercular state—that condition of hypotrophy so frequently seen, yet so illy understood, since it lacks any well-defined form—and as a prophylactic measure, climatic change is earnestly advised.

When the examining physician has fully determined that his patient should seek other climes, then should he firmly impress the fact, not allowing himself to be influenced by the importunities, either of patient or friends, for much valuable time is lost—irrevocably in many instances—by procrastination, following on carelessly given or insufficiently emphatic advice, as to the dire necessity of immediately seeking better

suited climatic conditions. Well do I know this fact from personal experience. Give me the data as to the time lost between diagnosis and the surrounding of the patient with suitable conditions, and I will make the prognosis.

A word as to that peculiar condition so frequently met, viz., fibrosis or fibroid phthisis. It is a great—and I regret to say all too common—error to send such patients to high altitudes, there to be dosed with strychnine till, compensation failing, they are advised to seek a lower altitude, or return to sea-level. Such cases, if sent to very moderate altitudes, invariably do well; the heart accommodates itself to the slight addition, when it would not be able to do so under the great disadvantage imposed on it by a higher elevation.

Having found our patient, where shall we place him that he may receive the utmost benefit in the shortest possible time, that he may be able to earn a decent competency and obtain the luxuries as well as the necessities of life? In order to settle this rather difficult problem it is necessary to have a knowledge of the localities which are favorable to the fulfillment of what I have outlined on another occasion (Climatic Therapy of Pulmonary Phthisis. Canada Practitioner, March 1897), as the object of climatic change; and again, the accommodations a patient will have during his journey, and at his destination, should be points of careful consideration.

It has been well said that tuberculosis is a disease of civilization, and that the nearer one approaches to the primitive states the less frequently does it appear; and again, that pure air, equability of temperature, and maximum amount of sunshine, are the trinity which make up the ideal "breathing spot" for the tuberculous. With these premises, I think that further consideration will tend to develop that which may be found in every part of the country, and localize those particular regions which are especially favored from a climatic standpoint.

A leading work of the day, discussing this subject, states that, giving the three requisites just mentioned, it does not matter where the location is provided the patient lives an outdoor life. Seemingly it does not occur to the author that only particularly greatly favored localities possess these necessary adjuncts to successful climatic treatment, thus making practical the carrying out of his proviso. In order to obtain pure air, maximum amount of sunshine and equability of temperature, at one and the same time in a given locality, it is necessary to seek a climate which is noted for its dryness, and which has at least a moderate altitude, for it is in such regions that we see almost perpetual sunshine, which, with the altitude, insures purity of the atmosphere, provided we bear in mind our primary axiom—the keeping close to primitive conditions—which is nothing less than avoiding over-crowding both in the locality chosen and the residence selected.

In regard to dryness, I think it is very generally conceded that it plays the role of something more than a mere “useful adjunct,” as well-known authority puts it. Clinical testimony is overwhelming in the remarkable results obtained over the tubercular process in the arid regions. You will therefore see that we now have in this ideal climate a locality which can boast of pure air, abundant sunshine, the right altitude, freedom from undue moisture and sudden and severe changes of temperature. We have built up an ideal; yet do we possess it, almost at our very doors—New Mexico.

It is to New Mexico, and especially to that portion of it known as Southern New Mexico, that I particularly wish to invite your attention, for here we have a moderate altitude—3800 feet—a valley fair to behold, surrounded and sheltered by mountains and foothills; a country of little rain—averaging yearly about eight inches and frequently less—which, accommodating itself to the wishes of our winter visitors always falls in summer; a land of perpetual sunshine—348

sunshiny days in the year—with a winter that is unrivaled in possessing the necessary qualifications of climatic therapy. New Mexico has been aptly called the land of sunshine and sand, which name warrants our assertion to supremacy in the matter of cloudless skies and absence of humidity. It is true that in consequence we have dust in certain localities, but always from the centers of population, on some of the many fruit and alfalfa ranches, which are the best places for invalids, there is little if any dust, the alfalfa fields doing good service in preventing this annoyance. As a winter climate for tubercular patients, Las Cruces, the center of the valley of Southern New Mexico, presents an ideal location. Good accommodations may now be secured on every side. Especially is this true of the suburban parts.

It is but fair to state that the warm genial months of winter give place to warmer days, that are anything but genial, in July and August. Yet the nights are cool, so that refreshing sleep may be procured. A few miles by wagon or train into the mountains, or to the northern part of Arizona and New Mexico, and we have a summer climate that is just as cool as one may desire, the patient being able to regulate the temperature at his fancy.

As a rule I advise patients who can tolerate high altitudes to travel northward, but many will find the nearer resorts, while warmer, better suited to their physical capabilities. It is unfortunately true that no one place will suit every phase of the tubercular diathesis, since no one place will suit every temperament. Yet I believe that in a land of almost cloudless skies, with warm genial winter days, absence of rain and snow, and with accommodations suitable to all requirements, the well-selected, early tubercular subject will improve; and be quickly, and in the majority of cases, so permanently, restored to health that in a few years he will have forgotten that he ever possesses such a thing as pulmonary tuberculosis.

Therefore to sum up, we have seen:

1. The great aid toward permanent arrest, *i. e.*, cure of the tubercular process which properly selected climatic treatment gives.

2. The criminality of delay in affording our patients such an opportunity.

3. The wherefore of the recovery of early cases.

4. Why late cases should be kept at home.

5. The wonderful adaptability of the climate of Southern New Mexico, and the enviable position which it possesses as Nature's great sanitarium, where unfortunate possessors of the tubercular taint may defeat the ends of the grim destroyer, and be saved to society, to act as landmarks to the diagnostician when he discovers the evidence of disease in some patient who, less than a quarter of a century ago, would have been doomed to death; but who now, thanks to the means of early diagnosis, at the disposal of every scientific physician, remains to become vigorous and strong, blessing the name of the man whose knowledge has borne such fruit.

Las Cruces, N. M.

APOCYNIN.

By M. C. PRICE, M. D.



POCYNIN is little known and used except by alkalometrists, who have given it its most thorough trial. True, it has its place in the pages of our *materia medica*, but the chapter is short and the words few and inefficient with which it is described, and its therapy goes by with only a passing notice.

There are two active principles of the drug, apocynin and apocynin. In small doses apocynin acts upon the circulation as a tonic like *strophanthin*; in larger doses it is emetic, cathartic and diuretic. The first two effects are probably produced by apocyn-

nein; the diuretic effect is the result of the action of apocynin. Apocynin has been of service in jaundice, and has also been used as an expectorant. Toleration is established by continued use, and the dose will have to be increased from time to time. It appears that the drug has no cumulative effect.

Dr. Glinski has found that apocynin relieves the functional disturbances which accompany organic heart-disease, and diminishes the area of dullness in dilatation. Now our name is not Glinski, but we have found this out too, and more, and this is what we wish to speak of.

A few months ago an interesting case came under our care. It was that of a railroad conductor, with an entirely hopeless case of organic heart-disease with accompanying dropsy. He came from a neighboring city in company with a brilliant young physician, who privately informed us he regarded the case as remediless. However, on the night of his arrival he was tapped, without result. When I first saw the patient he was unable to lie down on account of dyspnea. The pulsations in the veins of the neck were painful and plainly visible across the room, which indicated great dilatation of the right ventricle. At the wrist the pulse could not be felt one-tenth of the time, but as counted there were 108 beats to the minute. Only about four ounces of urine were voided in twenty-four hours. There was no appetite and the bowels only moved after the administration of a cathartic. Respiration was labored and difficult, also there was considerable bronchitis. The patient complained of much pain in the region of the kidneys. This was a marked symptom at our first visit.

We asked the doctor if he had been using apocynin in the case. His answer was: "I have not, but know of the drug and if I can get an active article would like to see it tried." I remarked that if there was an active sample of it the Abbott Alkaloidal Co. of Chicago had it. Continuing the patient in the treatment already constituted, I or-

dered the apocynin of the company before mentioned. (The order and the drug made the round trip of 2,000 miles in four and one-half days.) Dr. Abbott furnished the drug in granule form, gr. 1-12 each. For the first twenty-four hours we gave gr. 1-6 every two hours, and then increased it to gr. 1-4 every two hours, with the result that after four days the patient was voiding a gallon of urine during the twenty-four hours. The pain in the region of the kidneys was gone. The pulse came down from 108 to 98, and showed well otherwise at the wrist. On the fifth day it dropped to 60 per minute, when we gave gr. 1-6 every two hours. The bowels, at first constipated, were moved two or three times copiously during the day.

The appetite was restored in a measure that was very appreciable, and the patient's sense of well-being arose to that point where he arose against orders, and went down a flight of stairs and walked out, perhaps a hundred yards from the house. When he came back he said, "Doctor, inject a dose of strychnine in my arm, for I feel that I am failing." He rallied for a time, but nothing would modify the heart-action after this. In a few days he was dead.

The indications for this drug are, rapid and feeble heart-action, low blood-pressure, scanty urine, œdema and cardiac dyspnea.

In this case the dilatation of the right ventricle and the throbbing of the veins in the neck, were favorably modified. The radial pulse fell from 108 to 60, and the urine increased from a gill to a gallon in twenty-four hours. All this goes to show the effects of apocynin in these conditions.

Mosheim, Tenn.

—:O:—

It is significant that just as the erudite revisers of the Pharmacopœia are dropping out apocynum because there is no call for it, the CLINIC family has established its active principle as the diuretic *par excellence* in dropsies. Well, we've got just a pocketful of diamonds these wiseacres have played with and thrown away.—ED.

CHELIDONIUM MAJUS.

By J. L. MÜLFINGER, M. D.



ARACELSUS, the founder of organopathy, in his works speaks very highly of the greater celandine as a liver medicine. Rademacher, in his *Erfahrungs Heilehre*, speaks of it as a great organ medicine, acting as he says on the inner liver, that is, the liver-cells.

So the use of chelidonium majus in jaundice and other liver troubles has trickled down to us through the ages from the primary source of the doctrine of signatures.

This remedy was famous in antiquity and preserved its repute through the middle ages. Led by the signatures, the physician supposed that the bitter yellow juice of this plant, so nearly resembling bile, must be beneficial in disorders of the liver. Those who have studied its action in disorders of the liver and used it in general practice have found that here at least the signature has proved a true guide, in the number of cases of jaundice, gall-stones and acute and chronic hepatitis cured by this remedy. There are numerous affections of the liver that chelidonium will not touch curatively at all, and therefore it must not be regarded as a "liver-cure-all," which it is not. It affects the left lobe of the liver much less than the right lobe.

Chelidonium is particularly useful in the treatment of various functional disturbances of the liver, from simple biliousness to congestion and inflammation. It is a valuable remedy in jaundice, and has proved palliative during the passage of gall-stones, but is of more use when taken between the attacks. Its hepatic symptoms are well-defined—soreness, swelling and pain in the right hypochondrium. It acts very favorably in a certain condition where the only sign that the liver is out of order is that the stool is white or clay-colored, but no jaundice whatever is present. It follows that we have

in such cases to deal with not merely an obstruction to the overflow of the gall into the duodenum, but that that part of the liver by which the gall is prepared from the blood being out of order, it does not prepare bile; no bile being made, therefore none can be poured out, or absorbed into the skin, or cast out by the urine, the urine being of a pale gold-color.

When chelidonium is indicated the tongue is covered with a gray, shaggy, thick coat in the morning, which can be partly rubbed off. Sometimes there is prickling or stitches in the end of the tongue; generally there is a thick yellow coating with red margins, showing imprints of teeth, or the coating is white. There may be diarrhea, stools yellow. These symptoms may be more or less present, but there is another symptom that is still more characteristic, and is always present if chelidonium is well indicated—a pain in the back under the angle of the right shoulder-blade. The pain may extend to the chest, stomach or hypochondrium. This pain is always a sign that the liver is affected and chelidonium indicated.

I have found chelidonium useful in bilious pneumonia, especially where the right lung is affected and the liver is involved.

The sign of liver-complication is that there will be a constant severe pain under the right scapula, which does not diminish as the case progresses, unless chelidonium is given, when it will soon disappear and the patient begin to mend. This pain must not be taken for the ordinary stitch near the nipple, usually present in pneumonia. Sometimes a yellow, slimy diarrhea is present. It is also indicated in catarrhal pneumonia of children, where there is an excess of pulmonary secretion with inability to raise or dislodge it. It is very valuable in the capillary bronchitis of children when hepatic symptoms are present, especially when it follows measles or complicates whooping-cough. The face in these cases is apt to be deep red; there is great oppres-

sion of the chest, as shown by the efforts to breathe and the fan-like expansion of the *alæ nasi*. There is generally one hot and one cold foot, and stitching pain under the right scapula. The cough is usually loose and rattling; the expectoration not easily raised.

Chelidonium has proven curative in albuminuria, tube-casts being present, increased uric acid and diminished sodium chloride, even when œdematous swellings of the extremities have occurred—if the liver is enlarged, or other liver symptoms are present.

Shortness of breath and palpitation, produced by an enlarged liver, have been cured by this remedy. In sclerosis of the liver, it is one of the best remedies known.

Chelidonium in Cancer.—In the *Deutsche Medizinal Zeitung* (No. 30, 1896) Dr. Denissenko relates his experience with chelidonium in the treatment of carcinomatous growths in the municipal hospital at Bjansk. He gives the remedy internally in quite large doses, and injects into the tumor as close as possible to the boundary between it and the healthy tissue. He injects from two to four drops of an equal mixture of chelidonium, glycerin and distilled water. If the tumor is ulcerated, he paints it with a mixture of chelidonium and glycerin. The effects of this treatment are shown in the course of a very few days, as follows:

1. The sallow hue of the skin disappears.
2. Softening of the tumor takes place.
3. After from three to five days there form at the points of injection fistulous tracks, about which the softening process goes on with special rapidity.
4. In from fifteen to twenty days a line of demarcation can be distinguished between the morbid and healthy tissues. In general the tumor diminishes more than half in circumference, and the affected lymphatic glands of the neighborhood undergo involution.

Chelidonium in carcinoma of the stomach.
Dr. M. N. Swanow (*Medicinskoje Obozo-*

jinic, September, 1898) recommends chelidonin, the active principle of chelidonium majus, for malignant growths. He employed chelidonin sulphate, 0.1 cgm. in water twice daily, with good results in a case of carcinoma of the stomach. The patient, fifty-two years old, was very much emaciated, vomited frequently, had intense abdominal pain, could not digest food in any form, and was kept alive with nutrient enemata. After twelve days' treatment with chelidonin, improvement was very marked, and the pain disappeared; the patient retained semi-solid food, increased in body-weight, and left the hospital improved.

As an escharotic, having a selective affinity for cells deprived of vitality, chelidonin is beneficial in removing superficial growths, as warts, corns, callosities, and superficial ulcers showing signs of malignancy. Its use as a local application is not attended by pain.

The whole plant is employed. The best preparation to use is a tincture made as Rademacher recommended and used, as follows: Take the fresh herb when in bloom, bruise the entire plant in a stone mortar, press out the juice, and add an equal part of strong alcohol to it, let it stand several days, shake frequently, then filter. This tincture taken in as large doses as one-half dram, or even less in some cases, acts as a drastic purgative resembling gamboge in its action.

To obtain the most brilliant results, the dose must be very small, and never large enough to cause griping or purging. When diarrhea is present, the dose must be reduced. One to two drops, four times a day, of the tincture, agrees with most people.

Chicago, Ill. —:o:—

To us the native plants of our country have always been a most inviting field. Chelidonium contains chelerythrine, a cardiac poison, chelidonine, non-toxic, beta-homochelidonine, alpha-homo-chelidonine, glaucopicrine and glaucine, the others not mentioned by any work in our possession. In

the face of such an analysis as this who can be so foolish as to say that a single active principle represents the activity of the entire plant? The active principle calls for a new and exact therapy.—Ed.

HEADACHES.

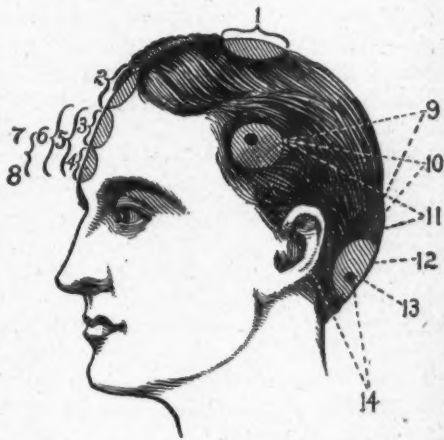
By WM. S. LOOMIS, M. D.



ENCLOSE a scheme which I obtained from Dana and Brunton, which I have found useful in treating various headaches. It may be of some use to doctors who have not seen these works.

The formulas are Brunton's.

"The rheumatic headache is very frequently felt over a considerable part of the head, is generally associated with tenderness over a great part of the scalp, and is frequently relieved by the following: Potas-



sium iodide gr. v, tincture of valerian one dram, and aromatic spirits of ammonia one dram.

"Sometimes it shows itself as a frontal or temporal headache, and associated with a rheumatic affection of the muscles of the eyes. Sodium salicylate $2\frac{1}{2}$ grains, aromatic spirits of ammonium half a dram, every one-half hour.

"In albuminuria the headache may be

frontal or like a tight band surrounding the head.

"Syphilis is detected by the history, the pain more or less constant, remitting instead of intermittent, and by its frequent association with persistent tenderness at a limited spot: Give potassium iodide .gr. v—xxx for a dose."

1. Endometritis: Bladder: Debility, flushes, heat, chilliness, muscæ volitantes, gastric derangement, etc. Anemia, cured by iron perchloride gtt. xv, and infusion of quassia one ounce.

2. Nose.

3. Headache without constipation. Give sodium bicarbonate gr. x, tincture of orange peel m.xxx, infusion of columbo to make one ounce, at each dose. *Alkalies.*

4. Headache without constipation. Give dilute nitro-hydrochloric acid m.x, spirit of chloroform m.x, tincture of orange peel m.xx, in an ounce of water. *Acids.*

5. Headache with constipation. Give magnesium sulphate one dram, dilute sulphuric acid m.x, syrup of red poppies half a dram, mint water to one ounce. *Purgatives.*

6. Constipation. Caries Incisors.

7. Errors in Refraction.

8. Gastric Dyspepsia.

9. Eye.

10. Decayed Teeth.

11. Pharyngitis. Otitis Media.

12. Uterus.

12. Spinal Irritation.

14. Spots tender on pressure.

Ann Arbor, Mich.

—:O:—

The scheme is obscure, the explanation of the numbers imperfect in that it does not distinguish clearly.

The therapeutics is a fair example of the archaic forms still used by our backward cousins.

For No. 1 we would suggest iron arsenate or phosphate, with nuclein and quassin.

No. 3. Sodium bicarbonate and sulphocarbonate, berberine and menthol.

No. 4. Nitric or hydrochloric acid, menthol, quassin and copper arsenite.

No. 5. Colchicine, or Saline Laxative and Intestinal Antiseptics, followed by Anti-constipation granules.—ED.

"SIMPLES."

By WILLIAM DANA, M. D.



THE old "Granny" Doctor in that delightful book of our boyhood, Eggleston's "Hoosier School-master," had, or professed to have, an abiding faith in the blood of a black pullet as a remedial agent.

While we do not subscribe to superstitions, yet we can readily see why the crude "Ingluvin" of our mothers was a specific in the vomiting of pregnancy. And it would be hard to make a doctor who was a country boy believe that the catnip and mint teas, and marsh-mallow decoctions and other domestic remedies of the type they represent, were not efficacious in relieving the ills against which they were directed.

"Simples," let us call them. And while we have no knowledge of the wonderful preparations the novelists tell us about, which, in the hands of an amiable brave or a beautiful (?) Indian maiden, make a new man in twenty-four hours of the pale-face who has been shot and tomahawked in the most barbarous and artistic manner; yet the writer for one has believed, ever since the death of our second martyred President, that if President Garfield had been in the care of an Indian squaw he would have recovered.

I am no foe to modern methods. Far be such opposition from me. I claim to be a liberal conservative. Specifics and alkaloids are typical of up-to-date progress. Old fogies are clogs upon its wheels, but they would better have a care, for it is a Jugger-naut to the ignorant and prejudiced. But we may not neglect little things as we pass along. "Trifles make perfection, and perfection is no trifle." It is of some of these

at least so-called minor matters that this article is to treat.

What country doctor has not been a school-teacher? Certain German pupils of mine used to wear woolen comforters around their throats all winter, even in the hot, close school-room. Consequence? These boys and girls had throaty, indistinct voices, and were more subject to "sore-throat" than the other scholars. I learned then and have learned more emphatically since that the natural skin of the neck is the best protection against any but the severest cold. But in order to be protective it must be thickened and toughened. How? Every morning of the year, summer and winter, spring and autumn, every one on rising should bare the neck and shoulders, splash and rub them thoroughly with cold water, then dry them with brisk friction by a rough towel.

And as cold water thus applied makes a good outside, so the same as a gargle for the throat relieves a congested mucous membrane. When the throat becomes the least perceptibly congested, resort to the water-cooler; a thorough gargling with iced water will do wonders. But don't wait for a developed diseased condition. Use the precaution as a preventive.

Are you troubled with cold feet? Don't put them in the middle of your wife's back. Every night when you take your hose off, every morning before you put them on, every night and morning, week-day and Sunday, rub the bottom of your feet well and long. Keep this up a reasonable time, and if you are still annoyed by clammy feet (always provided you have sensible footwear, and have no serious organic or functional lesion of which the cold extremities but furnish a symptom), I will give you a subscription for THE ALKALOÏDAL CLINIC for the World's Fair year.

Do you want to preserve your teeth "even down to old age," as the hymn says? It is not so much difference what dentifrice you use, but always employ a good, soft yet firm,

tooth-brush, the first thing in the morning, the last thing at night, and after each meal; employing also fresh spring or cistern water.

Would you avoid dandruff? Coke's Dandruff Cure is no doubt all right if you need to be cured. But before dandruff appears, give your scalp a moderate wash each morning, using Pears' Soap, I suppose, but the essential point is to follow: Comb your hair with a coarse comb, comb it with a fine comb, brush it with a stiff brush, stimulate the scalp, and you need not fear dandruff or baldness.

Do you fear constipation? Some pills are all right. Calomel and aloes are all wrong. The Saline Laxative is fine. But let me tell you two or three things: Avoid the use of too much meat, and fight shy of "fine" flours. Eat fresh eggs, fresh fruit, drink pure milk and water (only yesterday nine people were poisoned in this city by impure milk), let tea, coffee, tobacco, whisky and beer alone. Good fresh buttermilk is another ideal drink. Be regular in going to stool; right after breakfast is the proper time.

Oh, yes! To go back to diet a moment: Never be without Graham, oatmeal, or some prepared grain food. By cultivating variety you aid appetite.

Bathe regularly and exercise betimes. Then you are not very apt to be constipated. In fact you must not be. But suppose you are? Well, take equal parts, by weight, of sulphur and cream-tartar. Direct: A teaspoonful and a half or two teaspoonfuls at bedtime, and there you are!

You don't believe it? Then you have not done the other things of the which I have told you. Sinners are skeptics.

Doctors should be hygienists. How many of them are? Are you saying that what I have written is better adapted to the laity? Do you suppose for a minute that the CLINIC is not read by the laity? Nay, verily. And they will not have a mite less confidence in us, nor send for us a whit less

readily, because we teach common-sense. Be assured of that.


Knoxville, Tenn.

—:O:—

Dr. Dana has not discovered a new bacillus, or advanced a new serum for the cure of constipation, so that he is hopelessly unscientific; yet there is truth and common-sense, not so very common either, in what he says.—Ed.

THE VAGINA.

By BYRON ROBINSON, M. D.

HE vaginal secretions represent a creamy white fluid of a crumbling or precipitated appearance. It may present a curdled condition. It covers in a moderate quantity the whole vaginal mucosa. The reason that young women do not observe the vaginal secretion is because it is reabsorbed before reaching the vulva, and collects only in the vaginal fornix. The reaction of the secretion is mainly acid, but may be rarely alkaline or neutral in normal cases. The vaginal secretion attracts leucocytes, *i. e.*, its function chemotactic. The microscope detects mainly three elements in the vaginal secretion, *viz.*, (a) desquamated flat epithelia, (b) leucocytes, and (c) micro-organisms. Also the *trichomonas vaginalis* has its select seat of residence in the vagina. Where the vaginal mucosa possesses no glands the secretion must be viewed as a transcended blood-fluid mixed with the secretion from the uterus. The quantity of vaginal secretion is very slight, as on opening the rugæ only small quantities are visible, and that is protected from evaporation. If the vaginal mucosa be exposed to the air, as in prolapse, it becomes perfectly dry, red like the lips and easily cracks. The vaginal secretions of infants show an acid or alkaline reaction, ultimately becoming acid. The acid reaction may arise from carbonic acid, as the vaginas of infants contain no micro-

organisms. After the vagina is invaded by microbes the acid reaction may depend on their changes. There may be a characteristic vaginal bacillus, but it is denied that the acidity of the vaginal secretion depends entirely on its effect. The acidity of the vaginal secretion may be important in preventing the growth of certain pathogenic bacteria, especially during parturition and the puerperium. Alkaline vaginal secretion might allow pathogenic bacteria to thrive in it. The importance of the vaginal secretion being acid is at once evident when it is known that the streptococcus, the most fatal microbe of man, will not thrive in the acid medium. The streptococci may be found in the vaginal secretion of healthy women, but doubtless their virulence is lessened by the acid medium, as it is claimed that if the streptococcus from the vaginal secretion of healthy women be cultivated it will regain its characteristic virulence. In short it may be claimed that the acid vaginal secretion possesses the power of self-protection, and that it should not be washed away by douches.

The bacterial power of the vaginal secretion is not completely understood, but it may be supposed to lie in the following factors:—

1. In the acidity of the secretion.
2. In the antagonism which exists between the streptococcus and other vaginal resident microbes.
3. In the phagocytes.
4. In deficiency of oxygen.

The key to the explanation must lie in the deficient nourishing vaginal secretion, for doubtless the streptococcus is a vaginal resident. It may with reason be charged that the acid vaginal secretion forces the streptococcus into a non-virulent condition, but that in altered vaginal secretions the streptococcus may regain its normal virulence, *e. g.*, during parturition and the puerperium. Finally it may be asserted that the normal acid vaginal secretion lodges a number of micro-organisms, but by its chemical and

physical properties regulates their power.
Chicago, Ill.

—:O:—

It is generally believed that acidity of the vaginal secretion indicates gonorrhea, but Dr. Robinson disposes of this idea.—Ed.

PRACTICAL HINTS FROM DAILY EXPERIENCE.*

By W. C. ABOTT, M. D.

HOW TO CURE A COLD.



OR the past three or four weeks, owing to the changeable weather, we have had a run of "colds" of the coryza type which has given me abundant opportunity to retest my tools and method, proving conclusively that they are still true.

Taken as they usually come, aconitine and strychnine arsenate are the basal remedies. The diet should always be sharply limited and the system should be immediately brought under the influence of the agents named, with a few doses of calomel or podophyllin or both as needed to stir up the secretions and promote elimination, and a morning wash of saline to carry out the debris.

Very often, for convenience, I make use of the single granule form of the "Dosi-metric Triad" in which digitalin is combined with aconitine and strychnine. If the coryza symptoms are marked I add a few doses of atropine or hyoscyamine until they disappear, and then go on with the other (ending with strychnine) during convalescence. For "soreness" nothing excels the Dosi-metric Triad and hyoscyamine, one of each every two hours with a double dose at bedtime.

Don't be ashamed to study to improve your method of treating a cold so as to keep your patrons out and at work and get them quickly over their trouble. Discourage the use of quick cures, etc., by being a "quick-

cure" yourself, when your patient with his little wooden bottle of granules in his pocket will be a walking advertisement for you and you will be repaid an hundredfold for the pains you take in the increase of your business in that best of all lines, the treatment of minor ailments.

ASTHMA.

I have had occasion several times to call the attention of CLINIC readers to the value of glonoin in spasmodic asthma and the ease with which I relieved an urgent case in the small hours of this morning, prompts me to re-emphasize the point. Don't forget the value of glonoin in this or other conditions that may be improved by prompt and complete dilation of the capillaries with stimulation of the heart. In the case referred to one granule on the tongue gave results in two minutes.

FEMORAL HERNIA IN THE FEMALE.

A recent case of double femoral hernia beautifully illustrates the principle laid down by Ochsner and others that femoral hernia tends to cure and will not recur when the sac, which acts as a wedge, has been removed. It also emphasizes the fallacy, in some cases at least, of the injection treatment. The hernias in this case existed unrecognized for years and when recognized by the writer were found to be to a certain extent, irreducible. Everything would go back but the sac and that was held by adhesions to the openings and caused the frequent recurrence which finally induced the patient to yield to an operation. The operation as you know is very simple, and is a procedure which no steady-handed practitioner should hesitate to attempt to perform under conditions of perfect cleanliness. Cutting down upon the sac, putting back or discharging its contents, ligating and amputating the protruding portion and sewing up the skin and subcutaneous tissues is the entire technique, no treatment being given to the opening at all.

In the particular case referred to, two

*These notes will continue at intervals during the year as a "filler" to this department. I hope they will serve their purpose, and at the same time be interesting and instructive.

types of femoral hernia were illustrated; the one cystic, the sac being filled with serous fluid from the abdominal cavity, and the other being filled with omentum. Not the slightest constitutional disturbance followed the operation and the result will be perfect.

In pure inguinal hernia or in hernia of the male, the conditions are different but the fact must not be lost sight of that hernia under favorable circumstances always tends to recovery; and while the injection treatment is applicable to a great many cases, it is not applicable to all, and cases like the one under consideration strongly emphasize this point.

FORMALDEHYDE.

One of the newer applicants for professional favor is formaldehyde, and present indications go to show that it is worthy of a very high place. Some reference has already been made to it in the advertising pages of the CLINIC and I believe some few mentions of it in the reading pages as well. I have had but little personal experience with the preparation, but such as I have had have pleased me. We should be glad to have brief reports, pro or con, with special reference to details of use. I wish that those who have had satisfactory or unsatisfactory experience with formaldehyde would make brief reports for early issues.

PHYSICIANS' COLLECTIONS.

With the passing of '99 and the ushering in of 1900, there comes the usual wave of interest in the practical points that pertain to the business side of the profession, with special reference to the collection of accounts; and what more important subject could agitate the professional mind? It is the bread and butter of the business. One of our correspondents puts it very nicely:

"I am using a business method that is original with myself so far as I know. I am over 60 years of age and have never resorted to the law to collect an account. When the first bill is due, if the party doesn't pay I do not work for him any more Chicago, Ill.

until he does pay and I advertise him to all the physicians within reach of him and we soon bring him to time. I have adhered to this plan all my professional life and still hold more than my share of business."

There is a thought here for all of us. Continuing on the subject of alkalometry the good doctor from his years of experience says:

"I consider the alkaloidal plan one of the greatest advances that has been made in medicine for a long time. I have carried cases through with it that I know I could not have carried through had I relied on the old-fashioned preparations and the old-fashioned ideas."

We believe the doctor is about right, don't you?

ANTI-KAMNIA RUF.

Our good friend Frank Ruf comes to the front again, ahead of the van as usual, with his calendar for 1900. It reached my desk this morning. It is another work from the pen of the immortal Skull-and-Crossbones Crusius who although he has passed beyond, yet lives with us, like Antikamnia, never to be forgotten.

WHY DO WE EAT?

Proper diet is an important part of proper therapeutics should have more of our attention. The world is trying to live nearer right and we should help it along in every possible way. When we come to "eat to live" instead of "living to eat" we shall be nearer right.

Nearly all those good citizens who start out to reform the world's dietary do so by seeking to restrict it. Don't do it. The human body needs the greatest variety it can obtain, and health results from a mixed diet when a limited one induces delicacy. Don't eat too much meat, don't use iced drinks at meals, but stop right there, and don't use any more "don't's."

GELSEMIN.

Have you ever used gelsemin for headaches, especially uterine? Give a granule every hour, adding a granule of Heart Tonic if needed, and see how nicely it acts.

Miscellaneous Articles

CEREBRO-SPINAL SCLEROSIS.

IN these cases in many instances we have to deal with traumatic injury, a blow on the head or spine; in some the symptoms appear after a severe cold. Occasionally the condition appears as a sequel to some acute disorder. One prominent case occurred after childbirth. Some claim hereditary tendency. As I disbelieve in blaming my forbears for everything I cannot account for, I do not place much confidence in this.

Cerebro-spinal sclerosis belongs to the diseases of childhood, generally appearing between the ages of 12 and 40. It seems equally to pertain to both sexes. I have observed ten cases, six of which were males.

Symptoms: The onset is sometimes slow. Occasionally the symptoms develop very suddenly. Both cerebral and spinal symptoms are equally present, but there are exceptions, for at times the lesions are limited to the intracranial nervous centers and the symptoms present a markedly cerebral aspect. In others the spinal cord is exclusively involved.

Diagnosis: In fully developed cases the diagnosis is quite easy. The gradual onset and slow progress of the symptoms, more especially that peculiar tremor, the motor disturbances, vertigo and peculiarities of speech; the mental disturbances contribute to make it impossible to mistake.

However, in the earlier stages where the symptoms are exclusively spinal or cerebral, it is almost impossible to make an easy diag-

nosis. The presence of characteristic tremor is one of the strong points in favor of cerebro-spinal sclerosis.

Convulsive seizures in some cases are present and often are confounded with epileptic seizures. These convulsions can be traced to cerebellar tumors and do not always accompany cerebro-spinal sclerosis. The muscles of the back are sometimes affected, the organ of vision always more or less, loss of consciousness for a minute resembling *petit mal*, sometimes phases of catalepsy, consciousness not lost but an inability to move; these are transient and soon pass off; depression of spirits, apprehension.

Prognosis: Has been considered by most eminent alienists unfavorable, and under ordinary treatment the condition sooner or later terminates fatally. The old-fashioned treatment always fails.

Treatment: Formerly this was directed to the mitigation of symptoms and all remedies, whether under the most skillful regulars or homœopaths have failed to arrest the progress of the disease. Bromides are worse than useless. Potassium iodide and silver nitrate, arsenic, iodine, galvanism, have all failed to make an impression. The opiates are simply deadly, but in calcium sulphide we have the ideal remedy when pushed to its physiological limits.

Lately I have been using raw marrow, taken from the spinal column of an ox. I have also used brain-food in the shape of

calves' brains, fish roe and lime phosphate.

The alkaloidal (Abbott) antiseptic seidlitz salts, dilation of the sphincter ani, Antiphlogistine piled up an inch thick on the spine and changed every twenty-four hours, valerianate of zinc (alkaloidal) in one grain doses every hour, have all helped me to believe that a cure can be assured. The Antiphlogistine is a proprietary preparation made at Denver. It surely is a wonder-worker. Flushing of the bowel once a week, a subcutaneous injection of testicular juice obtained from a yearling bull (prepared by heating at temp. 98 and mixed with glycerin), given up to 20 m. daily.

Here you have the treatment of my six cases absolutely cured, and I defy Christian Science, the world, the flesh or the devil, to equal this.

H. S. BREWER, M. D.

Chicago, Ill.

DON'T SPIT.



SEND you herewith some lines that I have written, forming, not an epic or lyric poem, but a plain practical warning in verse to those who propose visiting the Pacific Slope. Perhaps some of your medical journals will deem it a duty to publish them as such, and if so you are welcome to use them.

It is a fact that out here from Arizona to the British possessions there are ordinances and laws everywhere against expectoration in public places, buildings, and on the streets even; and these laws are pretty generally enforced. Everywhere one finds staring in the face notices posted forbidding expectoration and which in specific terms give the law itself and the penalty provided, which latter may be imprisonment as well as fine. Such laws if enforced in Chicago would nearly depopulate that city—as witness the condition of its streets.

I presume that these laws owe their origin to the coming out to this section of

multitudes of health-seeking consumptives whose presence and coughing make life a burden to the inhabitants here. In vain the heavens smiled, the birds sang, the flowers bloomed about the homes of the far West, if in the midst of it all was to be heard the frightful soul-harrowing cough of consumptives. So these laws have been passed to drive the poor wretches away; and in some places, noticeably in San Bernardino, California, and in Phoenix, Arizona, consumptives are quarantined and not allowed to enter the city limits. These laws really have had a beneficial effect, for at one time this region bid fair to be a vast charnel house for consumptives, instead of a paradise of delightful homes as it is.

The people here call the consumptives "lungers"; and, as you know, the State Penitentiary of California is at San Quentin—to the confines of which the poor tourist was so summarily sent by the Justice.

DO NOT EXPECTORATE.

What e'er you do, where e'er you go,
From Golden Gate to Shasta's snow,
From Pablo Bay to Phoenix sands,
O'er peak, o'er plain, through all the lands
That form the vast Pacific slope,
I pray you, and I truly hope
That as you go from State to State
You never will expectorate.

I say this now to you because,
In all these parts they have made laws
That don't allow men who are free
To chew and spit promiscuously;
And they have nailed up everywhere
These words, that tell all to beware
Of laws passed by each Far West State,
"Do not, do not expectorate."

The tourist comes out from the East,
He brings his lungs—one or at least—
He leans against a poplar tree,
He coughs, and coughs, so wearily,
He chokes, and gasps, prepar'd to spit,
When with these words his ear is hit—
"See here, friend 'lunger,' don't you see
That sign tacked there upon that tree?"

"Can you not read the words so plain?
You better not cough here again;
We don't allow in this 'ere town
No man, though white, or black, or brown
To cough and throw himself around
In little chunks upon the ground;
I'm marshal here and let me state
You better not expectorate."

"My God, where can I go!" he cries,
This tourist man with hectic eyes,
"To death I will myself resign!
All through your town I saw your sign
And crawled out here and thought perhaps
I could spit once 'ere I collapse;
But here it is, as sure as fate—
'Do not, do not expectorate!'"

A smothered cough, a groan, and then
(Excuse me, we are all neat men,
The word to use it rhymes with sob)
From the poor tourist falls a —.
The marshal clubs him down the street,
He tells the Justice whom they meet,
The Justice he don't do a thing
But sentence him to San Quentin.

A. W. THOMAS, M. D.

Los Angeles, California.

COLCHICINE A STUNNER.

I find colchicine a stunner in rheumatism.

—, N. D.

Dr. J. H. J.

—:O:—

Brevity is the soul of wit. So say we all
of us.—Ed.

ASCITES.



GIRL, fourteen last May, weighed eighty pounds; small form but well-nourished, chest measured twenty-nine inches, abdominal measurement forty-one inches.

After six weeks' treatment the abdomen measured thirty inches. She never menstruated. Genital organs not well developed. The mother developed into womanhood at fifteen. Began regular and so continued. Nothing abnormal in family history on mother's side. The mother is a well-nourished woman and has given birth to six children, all living, the eldest being the subject of this report. Family history on father's side gives one uncle now suffering with bladder and kidney trouble, and from reports I suspect it will prove fatal. The girl always had a full stomach with abdominal measurement about equal to that of the chest.

Something like two years ago she began to show signs of dropsy which steadily increased until she presented the appearance

here described; skin seemingly stretched to its fullest capacity while it appeared white and glossy; heart and liver normal; bowels constipated and urine scanty. Chemical examination of urine showed no albumen, no sugar; while the microscope revealed a very few tubular casts, an occasional blood-cell and a few epithelial cells from the bladder, together with a good showing of uric acid crystals.

After ten days' treatment examination of urine showed no casts, no blood, no albumen and no sugar, but the uric acid crystals remained the same and this last-named condition existed in each subsequent examination.

Naturally the girl is a small eater, but when presented to me for treatment she had a ravenous appetite, which gradually became normal as the abnormal contents of the system were eliminated.

Her strength is increasing and she feels better now than she has for the past eighteen months.

Treatment: Diet—same as is usually prescribed in similar cases. Rest in bed most of the time. Hot sitz baths every day for the first three weeks, then three times a week.

Drugs: Calomel to clean bowels and stimulate the kidneys, followed by thyroid extract, apocynin, saturated solution of magnesium sulphate and peppermint water, glonoin, strychnine sulphate, alternating with strychnine arsenate and potassium salts to stimulate the flow of urine.

Query: What caused the dropsy? No pain, the only complaint being that terrible pressure in the abdomen.

Now that the elimination is nearly completed, will the editor or some reader of the CLINIC suggest a treatment that will keep the girl in good condition until nature can complete the cure?

E. M. BROCKETT, B. S., M.D.

Topeka, Kans.

—:O:—

Was it not a chronic form of peritonitis

with effusion? Such cases, possibly tubercular, sometimes occur and recover spontaneously or under treatment.

Have the abdomen rubbed with dilute iodine ointment, and give iron and calcium iodides internally in full doses, long continued.—Ed.

MAGGOTS.

I was called to see an infant eight days old. The cord came off on the fifth day. She had a very careless and ignorant nurse. I found the umbilicus filled with maggots. I dropped a few drops of chloroform into the umbilicus which was almost instant death to the maggots; then washed them out, twenty-four in number, with sterilized water; then dressed it with powdered boric acid. There was no further trouble. Was the treatment right?

Missouri.

E. L. M., M. D.

—:o:—

Surely. What the poor women suffer from incompetent nurses is beyond telling.—Ed.

AUTO-TOXEMIA.



AM Eclectic, but have used the granules some, as I believe true Eclecticism studies all possibilities. Your editorial on *Sexual Hygiene* and that by "Clerico-Medicus" are each worth a year's subscription. We are getting altogether too much dominated in morals and politics by the hysterical feminine element for the good of future progress. No doubt the Woman's Christian Temperance Unions, and the feminine element of both sexes which controls the Christian Endeavor and kindred associations, means all right, but to my mind they represent double flowers in a botanical sense, upon the tree of civilization. Their power to produce virile seed is blasted by the beauty of their efflorescence.

I just had a case of peculiar type—malarial fever—temperature from 102 to 105 degrees, hemorrhages on 14-15-16-21-22-23

days, no sordes. At 26th day violent diarrhea, black water; 25th, fever fell to 96.8, collapse. Gave strychnine hypodermically with brandy, glonoin and strophanthus. Vomit set in of black liquid, gradually becoming mucus; constipation and severe hiccough; then became tympanitic over left hypogastric region, no trouble in Peyer's patches. Thirtieth day flushed out a pint of decomposed blood and gave potassium and arsenic iodides every two hours, with magnesium sulphate. I learned that day that he had been thrown over his bicycle head forward a week before the attack began. Suspected swelling of glands blocked bowels.

Thirty-second day, gave another injection, one quart hot water with glycerin, had fecal movement.

Thirty-third, hiccough stopped, injections of Bovinine, hypodermics of brandy, and strychnine gr. 1-60, three hours apart.

Thirty-fourth day, vomit became yellow, with constant gagging; pulse stronger each day. Gave Lloyd's hydrastis, white, five drops, and two drops second dilution podophyllum every hour;; gagging ceased second dose; vomit stopped; began grape juice and increased dosage of hydrastis to ten drops.

Convalescence now seems well assured. Two trained nurses, one of twenty-four years' experience, gave up all hope 29th day. I think the case very peculiar. It was not true typhoid. I thought the hemorrhage came from the spleen or upper bowel. No sordes; tongue moist and clean all through the attack.

F. H. WILLIAMS, M. D.

Bristol, Conn.

—:o:—

You say you are an Eclectic. So are all of us if we are true to ourselves. Doctor, why shouldn't we all forget the school and pathy, and just be the best doctors we can? That is what we are trying to do. I am glad to note your approval of the work in the CLINIC, especially our *resume* of the Sex Series articles, and trust that you will be in-

terested still further as the months go by, in the reform we are endeavoring to do along medical as well as social lines.

The case you report is really very remarkable. Evidently there was auto-toxemia from a combination of several different causes. Your treatment is excellent and we congratulate you on your success. Doctor, when the profession comes to appreciate the importance of auto-toxemia and learns how to combat it, we can all live a hundred years.—ED.

CAPILLARY BRONCHITIS.



IN my note on capillary bronchitis in October CLINIC I made a mistake in stating that tartar emetic was used. Apomorphine, strychnine, aconitine and digitalin were all that were used. The dosage was according to Shaller's Guide. The steam from hot water and a piece of unslacked lime, in a tin can, was so placed that the child was compelled to breathe it which was a great help. I gave teaspoonful doses every fifteen minutes for four doses, then every half-hour for six doses, and then every two hours for a few doses more. The children were almost cyanotic, breathing fifty and sixty times per minute, and could not nurse or eat on account of rapid respiration. There was but little fever, no pain in chest, ribs drawn in, vesicular murmur not perceptible. There was no question as to the diagnosis. The addition of a little pilocarpine to the above, would be of help.

I approached such cases with fear and trembling in the pre-alkaloidal period, but now all is changed for the better, and we can exclaim as Cæsar did, after licking the Gauls, "*veni, vidi, vici.*"

Please draw the "deadly parallel" in the use of hyoscyamine, hyoscine and cicutine therapeutically, so that one can tell exactly which is best to use in cases they are commonly prescribed for. In Waugh's Treat-

ment of the Sick" he says their therapeutic indications are practically the same.

For tapeworm there is no combination or preparation that can equal the ethereal extract of male fern, one drachm, and one or two drops of croton oil given together. One dose, without any preparation of the patient, given the first thing in the morning, has never failed in my hands.

In old ulcers on the leg, from whatever cause, after scraping them if necessary, dust with iodoform or Nosophen, apply absorbent cotton saturated with a one to 4000 or 6000 solution of potassium permanganate, keep the cotton wet with it all day, and wash once a day with hydrogen peroxide and dust with powder. Make them wear elastic bandages to prevent swelling, and see if they don't get well quicker than by any other way you ever tried. The permanganate is the main thing.

J. S. McILHANY, M. D.

Everett, Wash.

—:O:—

The three drugs named are often used together, but are radically diverse in their action. Hyoscyamine is therapeutically identical with atropine. Hyoscine is a pure hypnotic. Cicutine is a depressor of the motor nerve-ends. For detailed account see Dr. Waugh's Alkaloidal Manual, or wait for the coming work.—ED.

MIXED PULMONARY DISEASE.

I send you to-day under separate cover sputa for examination.

History: Male, age 45. One year ago he began to cough, and has coughed ever since; eight months ago I found physical signs negative, a greatly deflected septum and polypi filling both sides of the septum back to the post nasal space. Thinking that perhaps the cough was reflex I removed the polypi, but there has been no improvement. No treatment for the cough seems to be of any avail. For two months the patient has been rapidly losing flesh. There are, however, no night

sweats and no physical signs outside a few moist rales. I have added a small amount of distilled water to the specimen to fill the bottle.

O. B. MONOSMITH, M. D.

Lorain, O.

—:O:—

The specimen of sputa has been found to contain tuberculous bacilli, small number; streptococci, numerous; staphylococci, numerous; diplococci, scanty; pus-cells, numerous.

Beginning with an attack of influenza, this patient has been allowed to go uncured, until his vitality being low enough and the pulmonary ailment offering an open door, several distinct micro-organisms have settled in the respiratory tract and are flourishing there, to his great discomfort and danger. The indications are to restore his vitality, and to attack the bacilli, vitally by the use of nuclein, and chemically by iodoform or eucopen, by atomizer and through the blood. Refer to our paper on pulmonary tuberculosis in the August CLINIC.

Doctors all, do not let these cases of pulmonary disease leave you till they are completely cured.—Ed.

THE DOSAGE QUESTION.



AM greatly indebted to Dr. Herndon for "speaking out in meeting." I thought I was the only one suffering from small dosage, but I see "there are others."

I am an alkaloid "fiend," and employ them whenever I can, for then I know "where I am at"; but I use them in much larger doses than the small granules. For instance I will use three grains of Merck's digitalin to three ounces of water, and give a teaspoonful every hour or two until effect, and then every two or three hours.

The Dosimetric Trinity and Defervescent Compound are all right, but when I want a quick and sure action, I give one granule of

Sharp & Dohme's Aconitine (gr. 1-200, pure crystal) and half a granule every hour thereafter until effect and then often enough to maintain the effect.

Calcium Sulphide: I have given as many as twelve and fifteen of your granules to a baby fourteen months old every two hours, without apparent effect. I then gave it Frazer's two-grain tablets, one every hour. I have also tried it on others and the result is that what tablets and granules I have now left I use as placebos. I never saw any result from calcium sulphide yet.

Infant's Anodyne: *They are good*; but let me tell you something. I left twenty granules with a very obstreperous ten "monther," with instructions to give one every fifteen minutes till it was quiet and then stop. This was in the evening, the next morning I called and found the little one little improved; it had not slept all night. I asked "how many granules did you give?" "Bless you, Doctor, we gave them all; what were they for?" Says I to myself. hang those granules! I gave it an enema and left some Peptozyme. That same afternoon I was called in a hurry, and found the little one in a deep narcotic stupor, and worked hard for several hours to keep it alive. This time I worked by the sweat of my conscience. The parents called it an "inward convulsion," and I have worn an unearned laurel since. Moral: Always give those granules in solution.

As to hyoscyamine, gelsemin, duboisine and most others, I invariably give three granules every twenty minutes until effect, and then often enough to keep up the effect. Now, why not make those granules two or three times their present strength? Would it not serve our purpose better?

A. G. HUIZINGA, M. D.

Chicago, Ill.

—:O:—

I am not aware of any law forbidding the administration of three to thirty granules at each dose, if the doctor deems it advisable. Please, somebody, tell me how to eradicate

the impression that each granule is a single entire dose.

As to aconitine: Read Dr. Shaller's paper. And, please, go slow with crystallized aconitine. The Abbott Alkaloidal Co. furnishes it to those who prefer it, but advises the exclusive use of the amorphous. Shaller and Abbott strongly urge the use of a coal-tar derivative and cold water, when a speedy and powerful reduction of fever is required, though the defervescent rarely need help.

Calcium Sulphide: Try it again in diphtheria and especially in gonorrheal septicemia, endometritis, pyosalpinx, in fact in any gonorrheal affection.—Ed.

BUCKLEY'S UTERINE TONIC.

I want to say now to you gentlemen, that Buckley's Uterine Tonic is a grand agent. Some time ago I had a woman patient aged 45, who complained of swimming in the head and backache. She was confined to her bed, not able to get up. I gave her "Buckley's Uterine Tonic" two granules, morning, noon and night. The relief was surprising. She is now up and able to do her housework.

Dr. J. M. W., Ind. Ter.

—:o:—

Buckley's Uterine Tonic is a grand combination. If Dr. Buckley had never done anything else for the medical profession than to devise and perfect this prescription he should be worthy of a high place; but this is only one of the many things for which the profession is indebted to this able brother of ours. Buckley's Uterine Tonic when properly made will do more to relieve functional and sympathetic derangements of the pelvic viscera than any other combination with which we are familiar. Its sphere is not limited to the class of disorders indicated by the name under which it goes, but it reaches out broadly into the great field covered by the disturbances of the sympathetic nervous system, both in the male

and the female, and should be studied carefully and applied whenever and wherever legitimate opportunity offers.—Ed.

NOTES.



IN reply to Query 773, I would like to add to the good suggestions there given. Hydrochloric acid painted over the nerve has given good results where many other remedies have failed.

I will also add a few words from my notes on alkaloids:

(a) Aconitine proved excellent in two obstinate cases of occipital neuralgia. Morphine had had no effect in the worst case.

(b) Hyoscyamine and acetanilid in threatened abortion. Good.

(c) W-A Intestinal Antiseptic has proven irritating to two stomachs and is unpleasant to take, though it is efficient. Most diarrheas need astringents also.

(d) Apocynin is so far disappointing.

(e) Digitalin, German, Merck, is an excellent remedy in heart-disease, especially senile heart.

(f) Brewer is "all right" on epilepsy. I am following his plan, and a patient who was taking bromides and having convulsions has been free for four months without a grain of sedatives.

The Sexual Hygiene papers were simply the preface to the matter written by the editors and "Clerico-Medicus." The need of practical but pure knowledge in these sexual matters is certainly apparent. We must be prepared to give good advice. There is not much money in it, for but few consult us voluntarily on these matters. Our reward lies mostly in the satisfaction of turning husbands and wives from domestic slavery or the divorce court and ruin, into proud possessors of happy homes.

My first impression of the Alkaloidal CLINIC was, "Homœopathy in disguise!" Next, "a bigoted mutual admiration society." There is still too much of this "self-

praise" and "mutual puffing," but it grows better monthly and is a very helpful journal.

S. H. ROBUCK, M. D.

Bloomville, N. Y.

—:O:—

We print what our contributors say, and if they grow enthusiastic they have plenty of reason. Some one reproached Thackeray once for his conceit. He retorted: "You forget how much I have to be conceited about."—ED.

BILIOUS TYPHOID.



HAVE been using a good deal of Aulde's Nuclein and the Intestinal Antiseptic tablets in typhoid fever lately, with good success. They keep the fever down and the strength up. I cannot get along without them.

Have you anything that will tell what are the symptoms of too much of either drug? I have a case now, started with Intestinal Antiseptic tablets, but she was constipated. I changed to sodium sulphocarbonate (Kilgore, N. Y. Are their goods all right?); gave five grains every two hours and two tablets of Nuclein every two hours. The fever went down to 100 degrees and stayed there, but on the fourth day she turned yellow all over and sick to the stomach, urine dark, thick and scanty. I dropped Nuclein and went on to the Intestinal Antiseptic tablets, two to four a day. Which drug caused it?

E. A. LEAVITT, M. D.

Worcester, Mass.

—:O:—

You have put enough Intestinal Antiseptics into your patient when his stools have no odor, and enough Nuclein (Aulde) when there is an active proliferation or growth of the white blood-cells. This can only be determined by microscopical test, but the dosage recommended is usually sufficient. Too much of either will do no harm. The yellow color of this patient was not due to

your treatment at all. There was an internal jaundice along with the other trouble, due to catarrh extending into the biliary passages. Neither drug causes catarrh or obstruction of the ducts.

We cannot give opinions of other manufacturers' goods. Were we to speak against them you would naturally set it down to self-interest. The Abbott Co. buys sulphocarbonates in ton lots, and has never known such symptoms follow the use of their chemically pure salts. It is fair to believe others also exercise the same care. The Kilgore Co. is a firm of excellent standing and we would have great confidence in their products.—ED.

PNEUMONIA ABORTED.

In renewing my subscription I desire to express a very high sense of satisfaction and appreciation of the excellent qualities of your journal, and to speak of the very satisfactory results that I am obtaining from the use of the active principles.

I had the pleasure of aborting two cases of pneumonia early the past summer, one in a child three years of age and one in a man thirty-five years of age, both were well inside of six days.

May your paper and influence for good grow greater each coming year.

Dr. D. E. R.

—, Ore.

—:O:—

All acute inflammatory diseases may be aborted and all disease conditions may be materially modified if you hit them right.—ED.

EPISTAXIS.

Here is a very curious case: One bright morning in May some years ago, Dr. S. was called a short distance in the country to see a farmer who was having a violent attack of "nose-bleed." Dr. S. remained with him until 3 or 4 p. m., gave it up as a hard case, and called Dr. B., in consulta-

tion. The latter decided that everything had been done that he knew anything about, except one, and he knew nothing about that, only he had heard somewhere that it was a panacea; and as no harm could be done they would try it as a "*dernier ressort*."

They secured some cold well water, saturated a towel in it, and wrapped around the scrotum; the result being that the bleeding was most effectually checked in five minutes.

I know all the parties and can vouch for the facts. J. S. BRUMMER, M. D.

St. Petersburg, Fla.

—:O:—

Would not the cold water applied anywhere else have done as well? If the man was plethoric a brisk cathartic, with veratrine, might have quelled the hemorrhage. If anemic, the nares should be plugged when ordinary remedies failed.—Ed.

CAN TYPHOID FEVER BE JUGULATED?

OCTOBER 19, 8 a. m., Chester A., age 9, was brought to my office by his father; temp. 97, after riding through the cold; pulse 120; tongue furred white and streaked, headache, restless at night and constipated. He had been complaining for some weeks and had been treated by another physician for malaria and indigestion, from which he no doubt had suffered. For a few days before coming to me he had been dull, feverish, especially in the afternoons, the fever extending into the night.

I gave him medicine to meet visible indications and awaited developments. Next day in the afternoon I was sent for; found the boy with a temperature of 104.6, pulse 118, full and bounding, frontal headache, bowels had moved, but were painful. Dissolved 15 tablets Dosimetric trinity and 15 veratrine, A. A. Co., two tablets copper arsenate, gr. 1-100, and 30 minims echafocta

in four ounces of water, saccharine q. s. to sweeten. Direct: One teaspoonful every half-hour to four doses, then a dose every hour until the pulse reached 100; should it reach that, a dose every two hours.

Called in the evening, pulse 110, temperature 103. Continued fever mixture, to be given as pulse might indicate; also gave quinine arsenate, gr. 1-3, and bismuth subgallate, gr. v., at 6, 12 and 6 during the day, to meet malarial symptoms and help sustain the vital powers, and as a prophylactic against gastric and intestinal irritation, sodium sulphocarbolate, gr. ijss, every two hours, as an antiseptic; calomel gr. 1-5, ipecac gr. 1-10, sodium bicarbonate gr. j, at bedtime to keep bowels open and aid in disinfecting the alimentary tract; turpentine and lard to back.

Except potassium bichromate gr. 1-4, when throat complications and cough manifested themselves, this treatment was adhered to until fever ceased. It declined one degree a day for three days; then ranged between 99.5 and 102 until the tenth; it was 98 on the morning of the 11th, and normal on the morning of the 12th, and has remained so since. Headache left him on the second day of treatment and did not return. Diarrhea never appeared, but on the seventh day a most perfect typhoid roseola appeared on his body, lasting five days and gradually disappearing. Epistaxis occurred a few times, but no mental symptoms at any time. There was a lack of harmony between the pulse-rate and the temperature; on the ninth day, morning, temp. 99.6, pulse 108; evening, 101.5 and 96; on the 10th morning temp. 99; pulse 102; evening, 100.3, and 92.

The patient was bathed and his clothing kept clean, his diet a quart or more of milk daily (soups being distasteful). He is convalescing rapidly on quinine arsenate gr. 1-3, and bismuth subgallate gr. v, at 6, 12 and 6, and sodium sulphocarbolate gr. v at 9, 3 and 9.

Now Mr. Editor, the old-time physicians

claim this was no typhoid case. Will you please note the symptoms and if you see proper to give this a place in the good new CLINIC, give your honest diagnosis with both your names affixed.

O. F. WILLIAMS, M. D.

Springboro, O.

—:O:—

The diagnosis of typhoid fever is borne out by the history of the case, though none of the modern tests was employed to verify it.—Ed.

PNEUMONIA, MENINGITIS, ETC., ABORTED WITH THE ALKALOIDS.

An Unbroken Record for a Year and Over.

I desire to report that since my last letter I have had two very bad cases of pneumonia, both of which I jugulated by the free use of the defervescent and Antiphlogistine. I have also had several cases of remittent fever and meningitis, all of which I have successfully treated with the alkaloids. It is now one year since I began using the alkaloids in my practice, and I have not lost a single case during that time. I am satisfied that many of these cases would have resulted fatally had they been treated by the old methods. *No more large doses of crude drugs for me.* I subscribe for several medical journals but the CLINIC is by far the best of all.

J. M. M., M. D.

—, California.

—:O:—

Thank you, Doctor. Let us have a report at the end of the next year, but meanwhile tell us how you do some of these things.—Ed.

APPENDICITIS.

I take occasion to say that during the past year I have treated several cases of appendicitis medically, with good results. On March 5 I saw Mrs. G., ill two days. Temp. 103.5, pulse 98, tongue coated, vomiting; dorsal decubitus, right leg semi-flexed; se-

vere pain and tenderness in right iliac region, no swelling, right rectus very tense.

Diagnosis: * Appendicitis. Treatment: Morphine gr. 1-4 hypo; calomel and soda, a grain each every hour for six doses; cold cloths to abdomen.

March 6. Vomiting ceased, no movement, other symptoms unchanged. Repeated morphine; ordered saline laxative, to be repeated if necessary; diet restricted to milk.

March 7. Temp. 102 degrees, pulse 95, bowels opened freely, some pain still and right iliac swelling.

March 8. Temp. 101 degrees, pulse 93, less pain, little soreness, added strychnine nitrate gr. 1-40, t. i. d.

March 9. Temp. 100 degrees; pulse 88, all symptoms mitigated, bowels free, resting nicely.

March 10. Improving: Stopped morphine; gave saline laxative. She is now up and about the house.

I do not condemn surgical interference, for some cases demand the knife; but I wish to record this experience.

W. G. SHAW, M. D.

Font Cal, N. C.

—:O:—

Dr. Shaw's case did well, but it is not certain the cure will prove complete or permanent. Nevertheless there can be no dispute but that very many cases do recover without the surgeon's aid. I prefer hyoscyamine and strychnine, with much smaller doses of calomel, and hot enemata.—Ed.

RUM.

Your article on "The Doctor's Duty" is—like all the rest of CLINIC material—right to the spot.

The neglect, the hunger, the poverty, caused by rum; and the deaths resultant therefrom, solely on account of physical weakness, the doctor receiving all blame, are surely *q. s.* to put all physicians on the "*qui vive*" against Satan's mighty host, in the liquor traffic.

Every physician in this broad land has sufficient "n g" accounts on this class of patients to settle himself quite nicely were they paid.

Such timidity of duty, as the fear of practice loss, for putting your foot on this hydra-headed monster, is unfounded.

Let the other doctor have it, if he can live on such practice, and for fear sits idly by and sees the ever-ready foe grasping his hard-and-well-earned fees!

Such conduct, as Dr. Foote in September CLINIC says, would disgrace a cannibal.

Cater to the Devil's own, if you will—but it is the Lord's own who provide and pay their bills.

"The curse of the Nation, there she stands,
Friendless, childless in her penniless woe,
An empty glory she holds in her palsied hands

Whose power was scattered long ago."

Such would be the presentation if the profession was more of a unit.

J. L. LAUER, M. D.

New Carlisle, Ia.

NUCLEIN IN SCARLATINA.



HAVE been using some of the alkaloids for over a year; have had great satisfaction in some of them, viz., aconitine, digitalin, Infant's Anodyne, veratrine, asparagin and many others. At the same time I have been disappointed in some of them; for instance, I have discarded hyoscyamine, and had used nuclein in some cases with disappointment until I had nearly concluded to discard it, but in the past week, it has, I believe, saved a life for me.

I had a little patient seven years of age who had malignant scarlet fever (if "malignant" is a good term to use), who contracted his disease from the corpse of a patient that had died from scarlet fever with gangrene of the pharynx (so pronounced by the physician who attended the case);

the body was shipped on the cars, the certificate saying the death was from "pneumonia"; the body was exposed after its arrival here.

My little patient had very severe angina of both tonsils, they being also completely covered with the "nasty exudation" common to such cases, and on the second day they were swollen so as to close the pharynx. I was in despair, as something must be done at once to overcome the obstruction to the pharynx. I decided to again try the nuclein tablets. I began by giving three m.i.j tablets at 4 p. m., then one every hour until midnight, then one every two hours. You can imagine my relief when I called at 9 a. m., the following morning, and found the patient much improved, he being able to swallow perfectly well and having lost the anxious facial expression with which every practitioner is familiar in such cases. He improved right along after that.

I write this not as an advertisement for the "A. A. C.," but should consider it criminal on my part not to report it, in the interest of some other poor suffering child, and despairing doctor.

E. A. CRAIN, M. D.

Missoula, Mont.

—:O:—

Many thanks, Doctor. I know nuclein is a hard thing to get hold of, but it is there all right. Hyoscyamine needs to be pushed. The hyoscyamine bottles in my cases have to be refilled more frequently than most of the others.—Ed.

GLONIN FOR NEUROSES.

Did you ever yet think of making an experiment with glonoin in neural diseases? Last spring I had a bad case of neurasthenia, in an otherwise strong man of 37. I tried everything, even to change of climate, but the patient grew worse until in my almost despair I prescribed glonoin, one granule every four hours during the day, continuing other remedies. Result, a perfect cure in four weeks.

Now, please explain this, for I can't. Some one tell us about gloroin.

C. E. JONES, M. D.

Winsboro, Ark.

—:O:—

Are you sure that the man to whom you gave glonoin did not have cirrhotic nephritis? Of course the excess of blood in the brain would be of benefit to him, but I should add atropine to it to make the effect more lasting.—Ed.

HEMATINURIA.—SUGGESTION.



COPY of the CLINIC has just flitted past me, and I note what Dr. Mohler says about Malarial Hematuria. I have but a minute to give the matter but I must correct the doctor's mistaken idea of this dreaded disease.

I located here because of the virulence of this disease. I have studied at the bedside diligently, because the books contain nothing regarding it that is worth a farthing.

This disease is much like yellow fever in its course, and altogether like it in the close. But the inception of the two diseases is different. Yellow fever is always an acute disease; hematuria is always a chronic disease. But they alike destroy life through deprivation of the blood.

But what most concerns us is the proximate cause of hematuria. Listen and I will tell you: Antiperiodics every time. I have never yet seen a case of this ailment that was not chargeable to injudicious medication. Not one case has ever occurred in my practice among those who take my advice and my medicine only, since I have learned the true nature of the disease and have abandoned the foolish notion that quinine and other antiperiodics cure fevers. For fifteen years I have had out a standing offer of \$100 for the production of such a case.

Again, I note the related experience of Dr. Smith, of Ky., and I want to tell him to go on with his cures by "suggestion." Is not a cure made by simple suggestion bet-

ter than one made by a nauseous dose carrying a suggestion? And further let me say that the editor's remarks upon Dr. Smith's process are not logical. There need be no deception in the matter. Where is the deception in his assurance to the patient that he shall be well in so many minutes?

I once had a friend who would request me to tell him what I expected the medicine to do for him, in order to assure a speedy effect. So closely did he follow "suggestion" that I have no doubt that a bread-pill would have puked or purged him as it might have been told (in his hearing) to do.

Gentlemen, anathematize me as a heretic if you will, and criticise my tangential departure as severely as you can, but I would advise you to review your clinical experience and look away in the direction in which it points. I am doing this.

J. N. LEE, M. D.

Marthaville, La.

—:O:—

Dr. Lee has not been a reader of the CLINIC, or he would know that his remarks do not fit the case. The use of suggestion in proper cases has repeatedly been advocated by the editor, but he refuses to be led away into the extremes of those who urge this method to the exclusion of everything else. And he sees nothing in Dr. Lee's assertion, with neither proof nor reason to back it, to modify his opinion of the particular instance in question. When a doctor presses a bit of metal against the patient's skin and assures her that it is a potent remedy and will surely relieve her in five minutes, is it deception or not? If not, what is Dr. Lee's definition of deception? The simple fact that relief occurred in the case has nothing to do with the question, as it is admitted that there was no real virtue in his metal, but that the doctor merely hoped that his words and manner might make the woman believe there was. Did he or did he not tell the truth? The question of motive does not come in. He traded on the patient's belief

in him as a truthful man, and the writer for one would rather not cure than do that. No reflection is made on the physician who made the report. The question is altogether impersonal, and his case is only used as an illustration. The best test of a matter of morals is publicity; and, Doctor, apply the Golden Rule: If you were yourself ill, and wanted to know the truth, would you go to the man who always tells his patients as much of the truth as he thinks best, or lies outright to keep up their spirits, or to one who reveres the truth too much to tamper with it, or skirt too near its verge? Of the two, whose opinion would you value most? We do not want to be hypercritical, or to set our private judgment in censorship of our neighbor's actions, but let us jealously keep that keen and delicate sense of honor that habitually shuns even the suspicion of deception.—ED.

SOMETHING WRONG IN PHILADELPHIA.

If you will trouble to look on page 126 of Hughes' "Compend of the Practice of Medicine," 6th Physicians' edition, just issued, you may read as follows: "I have met over 500 cases of acute dysentery during the past six years, and I have nearly always been successful with Nuclein (Aulde), gr. j or m.j—v, every hour until the character of the stools changes, when the interval of the dose is widened to two or three hours."

'Pears the sun do move, eh? Why not send him a few W-A Intestinal Antiseptics to see what he may say in a possible seventh edition?

F. A. CRAFE, M. D.

Cincinnati, O.

—:O:—

Now what have you got against Philadelphia, that you want to disturb her slumbers for? Let 'em sleep. She'll wake up some time, and when she does it will be about this way: "No matter what that God-forsaken lot of Chicago doctors may do, the Physicians of the City of Philadelphia

comprehend their Duty to their Patients too well to make use of Nuclein, Intestinal Antiseptics, Calcium Sulphide or the Alkaloids."—ED.

INFANTILE CONSTIPATION.



FULL-GROWN boy was born Monday, 7:30 p. m. After bath and dressing it was put to the breast, almost immediately after expulsion of placenta. The mother felt at the time that she could not endure to nurse the child, but overcame the feeling and allowed it.

Tuesday morning the child had a small passage from the bowels, which was the last until the afternoon of Saturday. During Wednesday, Thursday and Friday constantly-increasing colic, which the nurse tried to control with "Vaugh's Anodyne," giving at the last two granules fifteen minutes apart. Two doses of castor oil, one of calomel gr. 1-10, and several injections of sweet oil on a twisted cloth, were given with the hope to move the bowels, on Friday. The little fellow had become almost unable to moan, its flesh was almost purple, it had a pinched, drawn look about it, and altogether seemed just about at the last extremity.

On Saturday I was informed of these circumstances, and ordered hyoscyamine amor. gr. 1-250, brucine gr. 1-134, in twelve teaspoonfuls of water; dose, one teaspoonful every half-hour. In about two hours we began to give him injections of tepid water with a very little sweet oil, at first about one ounce every half-hour. Continued the water and oil injections until four had been given, each one a little larger than the last. Added a tablespoonful of salt to a pint of water, and increased the amount to five times the first injection. In ten minutes a little water began to come away very slowly. Repeating the injection, the water came away in a stream and at the last a small quantity of feces. Again repeating the injection a very large passage of chunks came

away. At this point the family thought it unnecessary to do more, but, omitting the salt, in fifteen minutes the same amount was injected and a still larger passage of much the same composition was removed. A third repetition brought away a smaller amount. A fourth, a very small quantity was removed. The fifth was retained about fifteen minutes and came away uncolored. The colicky pains had subsided and did not return again so severely. When they appeared again they were controlled with hyoscyamine and codeine. A tablet of W-A Intestinal Antiseptic dissolved in seven spoonfuls of water was given, one spoonful every hour. At bedtime a few drops of *passiflora incarnata* were given. During Sunday three passages occurred of black feces, since which time the discharges have been normal. Baby has got back his ability to cry and his desire to eat, and puts in the best part of his time at sleep.

I attribute his colic entirely to the character of his mother's milk, which he should not have been allowed to take so soon after the completion of labor.

I attribute his final relief entirely to the brucine, exciting peristaltic action, and the salt water enema; and believe that no amount of cathartics would ever have obtained a passage without the enema. I believe the child would not have outlived another day with only the cathartic treatment.

I would like your opinion and criticism. I would like also to ask you what is the best medicine to give an infant of that age to cause a movement of the bowels without an enema? The Anodyne for Infants is calculated to control pain—does it also have a laxative effect, or an astringent effect, or an antiseptic action?

J. A. HOLMES, M. D.

Elsinore, Mo.

—:O:—

I do not agree with you. The mother's milk is the best thing for her babe. The constipation existed before birth, and the means you used to empty the bowels were

necessary and wisely applied. Nothing will replace the enemas, perhaps helped by the finger or a spoon-handle. The Anodyne is neither astringent, laxative nor antiseptic—it's just anodyne.—Ed.

SEX PROBLEM IN EDUCATION.



HAVE recently received a set of the CLINICS, together with reprints, containing the articles on "Sexual Hygiene," and have perused them all from cover to cover (including the advertisements, for there are many good things to be found in them also), and I must say that I am intensely interested in all the contributions on the subject.

It is a well known fact that all good movements along the line of reform, or in any other direction, have met with more or less opposition. But I am so glad to see that you have the courage to go on with the duty of disseminating to the medical profession such practical and useful knowledge on the subject, notwithstanding the few adverse criticisms that have appeared against the series. Evidently you realize that "truth is mighty and must prevail." It has occurred to me to inquire if it would not be possible to have gathered together all the matter that has been published on "Sex-Hygiene," from the time of beginning the discussion up to the close. I am strongly convinced that it would be a most useful and instructive booklet. I, for one, would subscribe for a number of them, if you should decide to put them into book form, and I am quite sure that you would hear from many others to the same effect.

While the whole series have been exceedingly instructive, yet, to me, I believe that the discussion of the "Sex Problem in Education," and the "Resume" by "Ye Editor," with perhaps a few suggestions here and there in the many letters from the profession, have been the most helpful.

As to education on the sex question, and

in addition to the books already suggested to Dr. Osborne, Sept. CLINIC, I would like to recommend two little volumes written by Dr. Lyman B. Sperry (published by Fleming H. Revell, Chicago), entitled "Talks with Young Women," and "Talks with Young Men"; also another little volume by the late Henry N. Guernsey, M. D. (F. A. Davis, publishers, Philadelphia), entitled "Plain Talks on Avoided Subjects." I have placed these little books in the hands of young people who were curious for information about sexual matters, and who in my opinion, if left to themselves might have pried into nature's ways by experimentation on themselves, with untold serious consequences, and I have found that they suit the purpose in a very gratifying manner.

While we are on the subject of "Sexual Hygiene," which should also include the treatment of sexual troubles, e. g., spermatorrhea, etc., there are a few remedies that I have found in my own perhaps limited experience, and which I also found upon extensive specific inquiry among physicians, that are of great value, and they are:

1. *Salix niger*, Amentz. This should be a green tincture of the catkins of the black willow, and not a tincture of the bark, or *salix niger*, as it is claimed to be far superior as a sexual sedative to the latter, and I know it is. Any good homœopathic pharmacy should be able to supply it, but as I have used considerable of it, the best that I ever used was procured from Boericke and Runyon Co. of New York, a very important point to be considered. It is the remedy for those who do too much thinking "below the belt." It seems to reach the center of the brain that presides over sensuality, at least this is the explanation offered by physicians who have studied its effects, and who have had brilliant results from its administration. Dose: five drops in water, three times a day, increased to thirty or forty drops in water at bedtime.

2. *Ikshugandha* (correct botanical name for which is *Tribulus Terrestris*, an Indian

remedy, introduced into this country by Dr. Gangadin, who found it very much in use among the Hindoos. The indications for its use are as follows:

(a) When the disease is caused by thinness of seminal matter.

(b) When it is caused by excess.

(c) When it is caused by irritation or chronic inflammation of the prostatic glands, seminal vesicles, etc.

(d) When it is caused by masturbation.

It is useful in both diurnal and nocturnal emissions, and in the following kinds of impotency:

(a) In impotency caused by masturbation, and accompanied by spermatorrhea, but the vice had not been committed to such an extent as to have damaged the nerves entirely.

(b) In partial impotency or seminal debility caused by excess.

(c) In impotence caused by disease of the testes, secreting thin, watery seminal fluid.

(d) In impotence accompanied by such urinary troubles as painful micturition, inability of the bladder to keep the urine for a long time, etc.

It must be understood that it is more suitable as a remedy for partial impotence and seminal debility than for a thoroughly confirmed case of impotence, where sensation and erection are entirely lost. It is generally used in five to twenty drop doses of the tincture, in an ounce of water three times a day. It has also been used successfully in the first and second decimal dilutions in nocturnal emissions of young men.

The principal objection to this remedy is its cost. The seeds are imported (all that can be procured, for the plant does not grow very abundantly), and a tincture is made by the firm referred to above, and by them exclusively I believe. However, it is nevertheless extensively used, as it very frequently does help, so those who use it say, and as I myself can testify, after everything else seemed to have failed.

Other remedies are: Cobalt, phosphoric acid, picric acid, phosphorus, agnus cactus, caladium sequinum, cinchona, selenium and stannum, the indications for which may be found in the very full and excellent chapter on Therapeutics of Carleton's "Disorders of the Sexual Organs of Men."

In your reply to Dr. T. N. Lanphear, Louisville, Ky., on "Claims Priority," June CLINIC, I was very glad to learn your attitude toward the Homœopaths, of which I am one. The CLINIC is one of the first old-school (so styled) journals, at least the editor is, who have dropped (shall I say buried?) their animosity towards the followers of Hahnemann. The above points may be of some value to your readers, and may prove two good things "that have not as yet come our way," without "going after them." If they are, you may pass them along.

L. E. DAVIES, M. D.

Windber, Pa.

—:O:—

Has salix niger any effect besides that of its salicylic acid?—Ed.

BAD THROATS AND WEAK LUNGS.

I am pegging away out here in the wild wooly West, where we have sunshine nearly every day in the year. The throat trouble that brought me here is entirely cured. A large number with throat and pulmonary troubles come here every winter, many are cured and others are greatly benefited.

W. H. BATTIN, M. D.

Phoenix, Ariz.

—:O:—

We are glad to know that you are working along alkaloidal lines and trust that you will find enough to interest and stimulate you to continue and make extensive research. The CLINIC will be glad to hear from you at any time; and to CLINIC readers, would say that Dr. Battin is personally known to your editor, and if any of you have patients to send to Phoenix or vicinity, you

could not place them in more conscientious hands. Dr. Battin is an able, earnest and faithful worker.—Ed.

CANNABIS.



HAVE a lady patient who was given 1-25 gr. cannabin hypodermically for head pain. The pain was relieved, but she suffered from symptoms peculiar to cannabis. In your "Brief Therapeutics" you advise giving three to six granules gr. 1-67 every two hours; and Waugh says 1-6 to one grain every two hours. Is there this difference in various preparations of cannabin? Of course the dose would be smaller hypodermically, but not this difference. The patient is not especially susceptible to the drug, for I gave two drops of the fluid extract without effect, from the bottle out of which the same dose had unpleasantly affected another patient.

I have looked over several drug lists but cannot find a hypodermic tablet of cannabin. I do not know where the other physician got his tablets.

While I am writing I will briefly describe the symptoms of the patient: Wife, about 25, spare of form, three years ago infected with syphilis, by physician in giving local treatment. Took treatment, physician believes she is cured. Two years ago taken with pain in head with nausea and vomiting. Since that she has had attacks of the pain. Once or twice they seemed to improve under the iodide, but the past few months it has no effect upon them. Attacks appear at monthly sickness and cease when it is over. For nine months following infection she did not menstruate, nor have the pain. She has had no pelvic pain; uterus and ovaries all right. Nothing but morphine quiets the pain, and during the summer her husband would give grain 1-4 hypodermically at a dose.

During pain it is difficult to keep food in the stomach; temp. normal, pulse 72. The

pain has continued every day for six weeks; two hypodermics each day, gr. 1-8 at 5 and 11 p. m. She will then sleep very well and though there will be some pain in the morning it becomes severe about 2 p. m. and increases till the morphine is given. It is an interesting case and a very perplexing one.

I am now giving fluid extract of cannabis, two doses yesterday, each two drops, with no appreciable effect. Have ordered five drops at one dose to-day at noon. Can the cannabis granules be used hypodermically and what should the dose be?

L. W. KEYES, M. D.

Whitehall, Mich.

—:O:—

The pains described are typical of the morphine habit. In regard to cannabis: Merck gives the dose at one to two grains and even up to forty grains a day, whereas 1-4 of a grain of Allen's English extract gives a decided effect. It seems to the writer, therefore, that cannabine is not the active principle of cannabis indica, and that the French Dosimetrists are mistaken in attributing to cannabis the powers they do. However, the Abbott Alkaloidal Co. furnishes the granules to those who wish for them, and their granules can be used hypodermically. No, I know of no hypodermic tablet which is so likely to be useful as this. Cannabine tannate is very slightly soluble in water, unless alkalized. The extract mentioned is the only one Dr. Waugh has any confidence in; and following Germain See's advice, Dr. Waugh uses it for gastro-intestinal pains. But even here and in the case you mention I should prefer the use of hyoscyamine, anemonin and cicutine, one granule each every fifteen minutes, till effect, adding a granule of strychnine arsenate, gr. 1-134, if the patient's pulse seems to require it. But by all means keep her bowels open and aseptic, as such spells often come from constipation and auto-toxemia, or from gall-stones; and the fact that they occur at the menstrual

epoch does not signify that the affections mentioned may not be present. Hot water flushed into the bowel, say a quart as hot as can be borne, should also be of value; also hot mustard foot baths.

Do not give her another dose of morphine, and for God's sake tell her husband not to do so under any consideration. If the pain is so severe that the treatment mentioned will not relieve it, which I do not believe, let him give her an inhalation of ether or of chloroform, or teaspoonful doses of Hoffman's anodyne without any water or other excipient.—Ed.

ACONITE IN PNEUMONIA.



R. E. D. PRESTON in the CLINIC for September writes to you about "Aconite in Pneumonia," from the homœopathic standpoint. The subject interested me, and I undertook to reason it out in the following which I submit.

Cardiac systole produces arterial diastole, and cardiac diastole produces arterial systole. If there are two centers for the heart, one for each of its actions, then must there not be two similar but in the opposite sense centers for the arteries? Or, are centers for the longitudinal and circular fibers of the arteries sufficient? Let us see: We assume the arteries in a state of neither contraction nor dilatation; now the heart contracts, the arteries dilate, then the heart dilates and the arteries contract; the heart is filled and contracts again, etc., etc.

Dr. Preston (Sept. '99, CLINIC, page 578) says that Hempel (homœopath) says, "we know from actual experiment that aconite is endowed with a specific power of inducing torpor of the tissue of the terminal capillaries. The first effect of this spasmodic torpor is to cause capillary engorgement. Then follow inflammatory consequences. What does he mean by this "torpor"? If it produces congestion, it must mean that the fibers, both longitudinal and circular, do not contract after

they have become stretched by arterial dilation.

Now we have an inflammatory action somewhere, i. e., the capillaries become congested, they dilate, and every systole of the heart dilates them more and more. And if this is not helped, the congestion will increase till it is resolved by hemorrhage and other means, or it may kill the patient. But we give aconitine, and according to Hempel, the very same aconitine which makes the capillaries torpid, that is, incapable of contracting upon the normal quantity of blood pumped into them, will make them now contract and expel the abnormal quantity of blood.

Waugh says: "Aconitine relaxes vasomotor spasm, and allows the blood to flow out of the congested area into the rest of the circulation." (*Ibid.*, p. 579.) But if it should relax, then the congestion would be aggravated. Must not, therefore, aconitine act as a stimulant, inducing contraction? Dr. Waugh tells me that by "relaxes vasomotor spasm" he meant this action obtaining elsewhere (as he says further on) and thus creating an extra open space elsewhere for the crowded blood in the congested area to empty itself.

The latest on this subject is by Prof. A. R. Cushny, who in his *Pharmacology and Therapeutics*, page 323, says: "In mammals, the preliminary quickening of the heart is masked by the strong stimulation of the vagus-center (which is an inhibitory one). This produces marked slowing of the pulse, an increase in the diastole, i. e., lengthening of the time) and a lessened systolic contraction; the amount of blood leaving the heart is considerably reduced and the circulation is slackened. These symptoms are the only ones seen in the heart, except with very large doses of the drug. They are shown to be due to the action on the inhibitory centers in the medulla, by the fact that section of the vagus brings the heart back to its normal rate and extent of contraction. In

medicinal doses, then, the only effect of aconitine on the heart is due to the vagus stimulation, the direct cardiac action not coming into play, and the administration of aconitine in therapeutics is one of the best methods of eliciting pure and unmixed inhibition."

When, therefore, the heart's systole becomes less frequent by the action of aconitine, the arteries and capillaries become less crowded in the diastole, and as the cardiac diastole gains more time, then the arterial systole too gains more time in expelling the crowded blood from a congested area. In this way aconitine can abort an incipient inflammatory attack readily.

E. M. EPSTEIN, M. D.

Chicago, Ill.

THE TREATMENT OF DYSENTERY.

INCONGRUITY, APPARENT NOT REAL.

In THE ALKALOIDAL CLINIC you advise the sulphocarbolates in dysentery in one place, but in your Brief Therapeutics you advise nothing of the sort—only aconitine, hyoscyamine, the seidlitz salt and strychnine arsenate. Please state the use of the sulphocarbolates in dysentery.

DR. J. M. W.

—, Missouri.

—:O:—

Incongruities will now and then creep in and we do not always say all we might or perhaps intend to say before we go to print. If I had told the whole truth under "dysentery" in my Brief Therapeutics I should have said, "If the diarrhea continues after the dysentery symptoms of tenesmus, etc., have subsided, in spite of the tonic action of the strychnine, then the sulphocarbolates should be given, preferably the sulphocarbolate of zinc, and the dose of strychnine arsenate which should always be used as a vital incitant throughout the disease should be increased. Saline Laxative should always be used at the outset, preceded or not by small doses of calo-

mel as indicated. Pure boiled water should be allowed often but in moderate quantity and no food should be given *until the symptoms abate.*

I thank you for bringing this matter to my attention and am glad to make the explanation asked for.—ED.

PILOCARPINE FOR DEAFNESS.



Tis very annoying to report that pilocarpine is a failure, or that I had to quit its use. It has produced catarrh. I suffered from catarrh for eight years, but had been well for ten years. I was afraid that such would be the case, for the effects of pilocarpine were just like catarrh. I continued the treatment for several days after I was attacked with catarrh, but it made me worse. I stopped taking pilocarpine over a week ago, yet my catarrh has not improved.

Somehow I have got it my head that the goat serum treatment would cure me, and I would like to try it. My deafness certainly comes from some derangement of the nerves that convey sounds to the internal ear. I hear my own voice. By putting my hands on any musical instrument I can feel the music as distinctly as when I could hear. I cannot believe that it originated from inflammation. I never had any pain or running from either ear; never was hurt about the head; never had any disease that affected the ear; in fact I have never been sick since I was a child; always enjoyed the very best health.

I do not know when I commenced getting deaf. I was about thirty years old when I first noticed it. It commenced in my left ear and gradually grew worse. I could always tell when I was going to be worse. I became light-headed and the noise increased in my ears, and I think the same is going on yet. I have become so dizzy after night that I stagger like a drunken man, which shows that there is some derangement in the brain or nerves, but it has not appeared

to affect my mind. At one time I thought it originated from the noise in traveling on cars and ocean steamer, but it commenced before I traveled any, and if it originated from noise I would not have continued to grow worse after the noise stopped.

If the goat's serum will cure a hopelessly insane man it might cure a deaf man. I would like to try it and if in Chicago I would.

Could I use it myself or get a doctor here to use it on me? We have a finely educated doctor here. He has a fine medical education, is very conservative and conscientious, about fifty years old. I would not be afraid to trust him if we could get the pure serum.

I had a case that interested me a great deal. Probably it would interest you as it did six physicians that saw the case. None of them could diagnose it except an oculist, who claimed to diagnose it correctly. She was a young married woman, 22 years old; had a baby one year old. Her labor was normal; no sickness afterwards, made no complaint of anything until three days before I saw her. She came to my office complaining of pain in the right knee that prevented her sleeping and became intense when she attempted to walk. Had no pain anywhere else; had never any pain like it before. It came on very suddenly. Temperature, pulse and respiration normal; had no chill; tongue clean, bowels regular; kidneys acting well. I gave her medicine for rheumatism; thought it would amount to but little. In two days her husband came after more medicine, said that she was no better. Two days afterwards they sent for me. When I saw her she was complaining of pain in her right shoulder and side of the neck and her knee was no better. Her temperature, pulse and respiration were normal. There was no redness or swelling of the knee but it and the shoulder and neck were very tender. Appetite was good. Said that she was well except the pain. I was suspicious of something serious, probably

the brain, but could find no symptoms for it. There was no pain in the head at that time, no sick stomach; the pupils responded to light. There was no indication of the serious and fatal disease she was suffering from. Yet I was uncertain and uneasy about the case, and asked to go back the next day, but they said they would let me know. They thought she was better the next day and did not report.

The second day afterwards her husband came in and said she was worse than ever and had a pain in her head, and that her relations wanted him to bring out an eclectic physician. I told him that they had not given me a chance even to diagnose the case, that I had seen her but twice, and she had been sick over ten days.

Three days afterwards she became perfectly blind. They called two other physicians in council. They told the family that she was doing all right and would be better in a few days. The family saw that she was getting worse all the time, and turned the doctor off and sent for Dr. Trimble, an excellent and conscientious physician, who had them send to Cincinnati for an oculist, who diagnosed the case as degeneration of the tissues of the brain, and said that she would die. She died on the following day. Dr. Trimble said she complained a great deal of her head, that the pupil responded to light, and that she was rational to the last. If I had treated the patient until she died I would make a report of the case for publication.

I have examined all of my authors and over a hundred journals but find nothing like it. Would like to find some literature on it for it has interested me more than any case I ever saw.

T. C. Q.

—, Ohio.

—:O:—

Whether the use of a remedy is successful or not makes little difference in reporting results obtained, hence I consider your views on pilocarpine of value. Suppose

you follow it with hydrastinine, about seven granules a day, and use some good local treatment for the catarrh, such as euphen in fluid petrolatum, one part to eight, with an oil atomizer.

I haven't much confidence in goat serum, but that ought not to interfere with a man's trying it. You might write to Dr. Hawley about it and see what he has to say, but if it involves the expenditure of \$50 to \$100 you had better come to Chicago first.—ED.

DIPHTHERIA.

Dr. Ross asks us in a recent CLINIC about Antitoxin in diphtheria with published experience. No one would be justified in treating a case of diphtheria without it. As the full dose is readily absorbed at one injection, I don't see the use of torturing a child by using it in several places. I have never known any bad effects, unless raising temperature, which seems necessary to cure the disease.

A boy aged five had sore throat; father made him go one and one-half miles to school, but the teacher sent him home. I found the throat full of membrane, temperature 102.6 degrees, pulse quick and feeble, hardly able to swallow. I gave him 1000 units Antitoxin in right thigh; gave small doses of calomel until they operated, tried sprays but could not make a success.

June 18, temperature 101.4 degrees; discharge from the nostrils free and denuding skin. In the afternoon repeated the dose in left thigh. That night very restless, temperature 103 degrees. Could not get him to swallow anything but small chunks of ice, and every four hours a little milk punch, with ice.

June 19, began to throw off the membrane, which had a bad odor. Gave 1500 units. Temperature that night 103.5 degrees very restless but towards morning fell asleep; at ten throat clear, temperature nearly normal; would use spray. With the exception of paralysis of the throat, which

lasted three weeks, he made a rapid recovery and without any more treatment excepting the spray and small doses of strychnine.

I have seen a good many cases of diphtheria but never one as bad as that get well. As others in the family had sore-throat there was no question as to the disease. The water they used was from a shallow well, on a side hill just below the horse-stables, and they could only get a few pail-fuls at a time. We of course insisted upon boiling the water before using.

M. I. POWERS, M. D.

Owasa, Ia.

—:O:—

I only wish I could emphasize the statement more strongly: The remedy for diphtheria is not Antitoxin, peroxide, calcium sulphide, chlorine, mercury or nuclein. All these have their uses, and are invaluable in their proper places.

The remedy is HYGIENE.

Clean out and clean up. Make the house and surroundings surgically clean. See to the drinking water, the privy, the cellar, the yard, the alley, the gutter, the street, the vicinity. Then you may arrange your drugs.

Much harm comes from too exclusive reliance on drugs. While every one I have mentioned has its place, I would rather rely on hygiene exclusively than on all of them without it.

And hygiene is not sold by the A. A. Co. or advertised in the CLINIC.—ED.

MALARIA.—DIARRHEA.



ONLY a month or so ago I began to use the Alkaloidal tablets sent me as samples.

Of course I knew there was some good solid sense in giving a definite quantity to get a certain result (where one need not doubt the strength of the preparation). It has been a hard battle for me to break away from the drugs and prepara-

tions I had been taught to use, not only at college but in the hospital and dispensary.

Last week I was called on one of the government boats for two cases of sickness at 8 p. m.

The first one was a fireman, lying on deck, temperature 102 degrees, pulse 80 and strong. He had been feeling unwell for three or four days, had not had an action for two or three days. A year ago he had been treated for malaria; other previous history negative.

When I arrived he was too weak to walk across the deck.

I gave him one tablet of aconitine amorphous, gr. 1-134, followed by aloin, gr. 1-2 and three hours later another tablet of aconitine. The bowels acted at 12:30 a. m., and the patient slept from 1 till 7, when he felt all right, and worked in the fireroom from 7 till 11 a. m. without any ill results. I then put him on the following treatment for malaria (some of which he still has): Iron and quinine arsenate of each gr. 1-6; 2 tablets before each meal; one tablet of Aulde's nuclein to be taken at 9 a. m., 2 p. m., and at bedtime. He was also instructed to keep his bowels open.

Case 2. Deck hand; had diarrhea and cramps all week. Had been taking "Marshall's Cholera Cure." (Had in fact in the previous twenty-four hours taken a full bottle.) I found the patient in a high fever, vomiting (black substance), and doubled up, the feet almost up to the neck. I first gave a hypodermic injection of apomorphine hydrochlorate gr. 1-10. Pulse then dropped to 30, very weak. I then gave one tablet of digitalin. The pulse immediately jumped to 60, and then gradually rose to normal. An hour later I gave a hypodermic of morphine sulphate gr. 1-4, and atropine gr. 1-100. He then slept till morning. He started work in the afternoon.

I have not heard from either case since, so take it for granted that there has been no further trouble.

If all these preparations effect the above

speedy results, in the future I shall confine myself to alkaloidal medication.

HENRY S. FENDLER, M. D.

Louisiana, Mo.

—:O:—

To the busy doctor, who has all he can do and must get people like that off his hands quickly, what a boon are the alkaloids! But don't neglect to make the charges accordingly.—ED.

SEXUAL HYGIENE.

Some of our friends should see Esop's Fables, No. XXVI, "The Mountains in Labor." The mountains were said to be in labor, and uttered most dreadful groans. The people came together from far and near to see what birth would be produced; and after they had waited a considerable time in expectation out crept a mouse.

The papers published by the Physicians' Club of Chicago furnish a good application to the above fable. "Great cry and little wool," as the man said when he sheared the hog. But all honor to the fearless truth seeker and Christian physician, who in one article "tells it all," in a way so plain that a fool cannot err therein.

He is our Moses. All the others are false prophets. His resume is the most remarkable paper published in years, and ought to be read by every physician in the world.

Equally pleasurable rights in the highest sexual relations in the world for the married man and wife. Much as we deplore the great destruction of gray matter that must have taken place in the Physicians' Club, we thank God that the Editor is still alive and well, and hope he will live many years to edit that live, useful journal, the CLINIC.

It's needless to comment on this grand paper.

I want to allude to one thing that appeared in Prof. Walter B. Gossett's article, same number. The doctor says, "When man becomes passionate as a rule he is nothing but an animal. A woman never is." I

claim there is no difference in the passion of man and woman, taken simply as a passion. As low, degraded thoughts can originate in a woman's brain as in a man's. Every physician knows the truth of this who has come in contact with women at all. Woman can give points to a man and double discount him at deviltry.

The doctor further states, "Man, if his passion is not gratified will go outside." I wonder if he ever heard of a woman whose wants were satisfied going "outside," and ruining a home. I have.

EDGAR D. PRFSTON, M. D.

Warren, Pa.

APOMORPHINE.

W. P., age 38, crazy drunk! Had two revolvers, a razor and a decided homicidal tendency.

While two men held him I gave a hypodermic of apomorphine gr. 1-20. Results immediate, followed by sleep. In a few hours awoke sober and penitent.

O. J. L., age 42, crazy drunk! Found him raving, with two strong men unable to control his actions. Same dose as preceding case; same results; no other medicine used in either case.

Girl, age three, swallowed *one-sixth* grain strychnine sulphate! In fifteen minutes was brought to my office in rigid spasm, with face actually black. Hypodermic of apomorphine, gr. 1-20 given at once. Results prompt. Then chloroform by inhalations for two hours, while a twenty-grain rectal injection of chloral hydrate was being absorbed. No more spasms, and in three hours more the child was playing about the house.

Apomorphine not only empties the stomach more promptly than any other agent (except a stomach pump), but its nausea-inducing and depressing qualities are just the thing in crazy drunks of strong physique, and cases of poisoning by such drugs as strychnine.

I would like to hear from some physician

who has used pilocarpine as a remedy in strychnine poisoning.

F. A. COGSWELL, M. D.

Swaledale, Ia.

EPILEPSY AND HEMIPLEGIA.



WISH to submit the report of another case, to let the readers of the CLINIC know that I am still using the *verbena hastata* treatment for epilepsy, with the same satisfactory results. In the last two years I have received letters from physicians in different parts of the U. S., stating that they have succeeded with this remedy also. Wherever there has been a failure, in nine cases out of ten you will find it was because the treatment was not arranged to suit the individual case.

A large, well-built, regular-featured miss, aged sixteen years; right side practically paralyzed, dull intellect, slow speech, vacant stare, with saliva almost continually dripping from the mouth. In walking she dragged the right leg and the arm swung from the shoulder. She would have three to seven fits in thirty-six to forty hours, then skip four or five days, then the same thing over again. This had been her condition for years.

Parentage: The father about 50, had always been a moderate drinker, the mother has scrofula and salt rheum, five of the patient's cousins died in childhood from mental diseases.

When 18 months old the patient ate part of a green tomato, which threw her into convulsions soon after, and her trouble dated from that time, probably considerably stimulated by heredity. When ten years old she went into a spasm which lasted four hours, after which it was discovered that the right side was useless, so far as voluntary motion was concerned. The growth has corresponded with the sound side, but the contour is not as graceful. By continued effort when trying to walk, the leg became

of some use to her, but she has no control of the arm.

She had been treated by one specialist and several local physicians, and had used a small faradic battery for six months with no improvement. She had passed three menstrual periods previous to the time I took the case, which was during a period of seizures. Her functions so far as I could learn were normal.

I began giving the *verbena hastata*, adding two granules strychnine arsenate to each dose. When the usual five days elapsed, instead of having seven spasms she had only one; on the tenth day she had one, and on the fifteenth day three, but they were the lightest she had had for several years. From that time on she made a steady and sure improvement. After the first week the saliva stopped dripping from her mouth, and her countenance brightened. I used the faradic current and massage to the affected side for three months.

I kept up the treatment for one year, and the young lady now considers herself well. I began with ten drops of the fluid extract of *verbena hastata* every three hours, and increased one drop *per dosis* each day, till forty-five drops were given. After several weeks I decreased the dose on the same scale.

H. D. FAIR, M. D.

Powers, Ind.

AMONG OTHER ABLE ARTICLES.

Among other able articles I have read Dr. Snowden's paper on "Normal Labor," in the October CLINIC with interest, and agree with him in every particular except that of the mode of delivering the placenta. I am making Obstetrics my specialty, and believe that much more should be written regarding the management of normal labor than there is at present, as a thorough knowledge of the management of normal cases will surely prevent the too frequent use of the forceps.

About delivering the placenta, I should

think that traction on the cord is bad practice, and liable to produce post-partum hemorrhage (no reflection on Dr. Snowden), and I have found satisfaction and easy delivery of the placenta by Crede's method, which as we all know consists essentially in applying at first light and afterwards stronger friction to the fundus of the uterus, until an energetic contraction is obtained; at its height the uterus is grasped so that the fundus rests in the palm of the hand, compressed between the thumb and fingers. The exercise of circular compression forces the placenta from the uterus, or in case of failure the process may be repeated until the object is accomplished. Traction upon the cord should however not be resorted to before the placenta begins its descent into the vagina.

RALPH J. SCHIRMAN, M. D.

San Francisco, Cal.

ACUTE LOBAR PNEUMONIA ABORTED IN HIGH ALTITUDE.



IN reply to your request to report on my experience with the alkaloids, I will say that I am agreeably surprised with the results. It is but a short time (about a year) since I commenced to use them; nevertheless I am convinced of their superiority over the preparations in common use.

I have felt that the practice of medicine was not what we believed it when we first left college. I have so often expected a definite result from the administration of a drug, and have so often been disappointed, that my mind was not quite settled as to whether the patient would not have been as well, if not better, without so much medication. I can take a case and treat it now with more confidence.

Soon after you sent me the little premium pocket-case filled with the alkaloids, I had occasion to use some of them on a case of acute lobar pneumonia. Male, aged ten years; had been complaining for thirty-six hours with headache, pain in back and chest,

chills, nausea and loss of appetite, but did not go to bed until twenty-four hours after the first chill. I was then called in; found the patient suffering with intense pain in head (frontal), tongue coated at base, with point and edges red; constipated, temperature 104.2, pulse 160; respiration 40; physical examination revealed complete consolidation of lower lobe of right lung, with characteristic physical signs and sputa. The diagnosis was easy, but the prognosis in this altitude (3,700 feet) was not promising.

I gave him aconitine every half-hour until the temperature and pulse commenced to fall, and then every hour until the physiological effect of the drug was produced, with instructions to then lengthen the interval. I also gave a saline cathartic to move his bowels, and counter-irritation on the chest, codeine to alleviate pain.

The temperature, pulse and respiration gradually subsided, and at 10 a. m., the following morning the temperature was 101, pulse 120, full and strong, respiration 24. This treatment was kept up throughout the day, but at longer intervals, and strychnine arsenate was added to strengthen the heart, and hyoscyamine to combat a slight tendency to delirium; codeine was dropped.

He improved rapidly, and in thirty-six hours more the temperature, pulse and respiration were normal, and the lung was clearing, showing that resolution had set in.

This case is remarkable, inasmuch as I did not see him until the second stage, and he had been about the house, and in fact out of doors, during the first or congestive stage.

M. A. NEWELL, M. D.

Sheridan, Wyo.

—:O:—

Thank you, Doctor. I am much pleased and gratified with this report. To have a true, reliable therapy available at all times, is worth a great deal. I believe most emphatically in the use of as little medicine as possible, but when we do need it we want it right.—ED.

Condensed QUERIES Answered

REPORTS AND SUGGESTIONS.

Let every reader who can aid our inquiring friends send in his advice; and let those who ask for it report the results. We may thus more effectively aid each other and grow wiser together.

Reply to Query 868. Epistaxis. Let that man use Nuclein (Aulde). Dissolve a tablet in one dram of water, and with a small syringe drop slowly into the nasal cavity, the side that is bleeding. I used this on myself in February, after I had tried everything else recommended in the books. My nose did not bleed after using the first tablet.
J. S. T., Miss.

Report on Query. The old lady with entero-colitis and cystitis has improved nicely. Goes out; the bowels nearly well. Has still some bladder-pain and irritability. I am washing out the bladder every day with boric acid solution and hydrogen peroxide alternately. Her appetite is good, she sleeps well and is more cheerful.

W. H. N., Kans.

I am glad to hear that your case is improving. You certainly deserve credit for what you have done, and if that old lady doesn't remember you in her will, there is no "balm in Gilead." It might be well to add a little Urotropine occasionally, 20 grains a day, to your treatment.—Ed.

Report on Query 804. Our patient, who was so bad with pyuria and neuralgia of the stomach, with pyrosis, is doing well and has not called on me for a month, only that she is still weak. She has had nothing but the powders of cerium oxalate, manganese bin-oxide, bismuth salicylate and sodium bicarbonate.

Our lady with staphylococci in the blood, anemia, epistaxis and diarrhea, says she is

well, except for sick headaches, aggravated by her hat.

I wish you would write on the treatment of old men with dysuria, periodic difficulty in urinating, frequent calls, urine cloudy.

O. F. W., Ind.

I will take under consideration the article of which you speak, and either prepare one myself or get some one better qualified to do so. I think you are quite right. It will be a good thing to publish.—Ed.

Query 928. I NOTE your comments on the Beynon article, in regard to the use of narcotics, wherein you say: "If the individual is willing, it is easy, without cardiac depression, aching," etc. I have a patient who formed the habit of using morphine for relief of sick headache, and the remedy proved worse than the disease. She never used more than ten grains a day, and now is comparatively relieved of the necessity of using any, except the cardiac depression, and nervous condition, which seem utterly impossible to overcome. The patient has a fair appetite and attends to her duties, yet life is a burden. After a night's rest, it is apparent that nature has very hard work to keep up the circulation, and during the day the extremities are cold, so that the sluggish heart produces that depression and nervous condition, that very few, indeed, of those who have been tried, are able to live without a support or stimulant that will bridge over until nature can be assisted

E. W., Ohio.

In the treatment of the morphine habit it is perfectly easy to avoid cardiac depression by emptying the bowels thoroughly and keeping them empty and aseptic, in the way so often described in the CLINIC.

Get your patient under the influence of strychnine, and keep that influence up, using as much as is necessary, which may mean 1-10 of a grain every two hours or more. My little book contains, if carefully read, full information on the subject.—Ed.

Query 929. WIDOW, aged 65, taken with fever, headache and severe pain in back; temperature 103.3 degrees; gave anti-malarial treatment; next day much better, temp. normal. Seventh day entire body, including mouth and throat, was covered with papules, temperature 99.2 degrees, pulse 84, very restless, with itching; eighth day still restless; papules had formed vesicles containing a clear serum; temperature 100.2 degrees, pulse 96; tenth day very restless, itching and burning; vesicles changed to pustules; throat much better; temperature 99.4 degrees, pulse 120 and bounding; appetite good all the time, bowels regular. Have treated case on general principles to relieve restlessness, but have failed so far. Find linseed oil and laudanum, in equal parts, give better results than anything else; am also giving bromide internally; for blood, potassium iodide. I send specimen of serum for examination. T. M., Ill.

No micro-organisms were found in the serum. The case is variolous, and the doctor had better go to vaccinating. Give the Dosimetric trinity for fever, with calcium sulphide to combat secondary suppurative fever and Nuclein (Aulde) to sustain vitality; locally, cover the face with a mask of mercurial plaster, or of ichthyol, to stop itching and prevent pitting.—Ed.

Query 930. A FARMER, 42, ailing ten years, indigestion, constant bad feeling in stomach for twelve months. Diarrhea with streaks of blood in stools, pain comes on one-half hour after meal, is emaciated, but up; slight exertion brings on colicky pain. Give diagnosis and treatment.

L. C. R., Miss.

Gastric ulcer. Give him twenty grains sodium sulphocarbolate in a pint of hot water an hour before each meal; ten drops Sanitas Disinfecting oil in capsule just before each meal; regulate the diet by giving

what causes him least pain, and relieve the pains by soda to neutralize the acid and morphine, gr. 1-12. Keep his bowels always clean.—Ed.

Query 931. HAVE you anything for chronic rheumatism of hip and hand? I would like something for myself.

H. F., N. C.

If I had a case of chronic rheumatism of the hip or hand I should put the patient immediately upon a vegetable diet, give one granule of colchicine and two of lithium benzoate every two to four hours, each dose followed by a full glass of distilled water. Hadn't you better send us a specimen of twenty-four hours' urine, Doctor, for examination? Then we can tell you whether the real condition warrants this suggestion or not.—Ed.

Query 932. I HAVE a case of boils in an infant nine months old, and have ordered calcium lactophosphate and sulphide. Can you suggest anything better?

F. M. H., Iowa.

Yes, that's right, give the baby calcium lactophosphate and sulphide, four to six granules of each daily; continue former for 12 months after the boils are gone, to harden and build up the tissues. There is nothing better. Give also an occasional dose of calomel or castor oil to keep the bowels open. Don't forget that the cause may be intestinal infection, requiring the sulphocarbulates; or bad hygiene of the premises. Let us know how you get along.—Ed.

Query 933. WOMAN, 40, failing for a year, losing weight and strength more rapidly the last two months; had headaches, lumbo-sacral pain, dysmenorrhea and leucorrhea; aching pain through chest all the time, mostly on right side; slight cough during the forenoon, sputa raised about an ounce; morning temperature averaged 99.5, evening 98; lungs expanded symmetrically, slight infraclavicular dullness on right side, with respiratory murmur somewhat enfeebled correspondingly on the left side, inspiration louder, roughened and somewhat

prolonged; other symptoms negative. Uterine complications yielded to B. U. T., glycerin tampons and zinc sulphocarbolate injections in ten weeks; treatment of other conditions, quinine hydrochloride, gr. 1-2; ferric chloride, gr. 2-3; arsenic chloride, gr. 1-64; mercuric chloride, gr. 1-64; strychnine sulph., gr. 1-80; leptandrin, gr. 1-12, four times a day; also Protonuclein, Hagee's cod-liver oil; and Cutler's inhaler with camphor, eight parts, carbolic acid, four parts, iodine, one part; and she was taught to exhale through her lips sufficiently closed for a proper time to call for a proper amount of force. Sputum examined at your laboratory. Few tubercle bacilli. Immense numbers streptococcus.

Patient has improved slowly and progressively. One month ago she had gained six pounds, felt normally strong when not doing more than light work, no pain, coughed but little in the morning, and raised very little; respiratory sounds more natural. At that time she caught a severe cold, which brought back many of the old symptoms. She is now improving slowly again.

The treatment I have had her under is on a line that I have had success with, and therefore I have been slow in adopting alkaloidal treatment. Would it be better to place her strictly on the treatment advised by Dr. Waugh in the August CLINIC? Should not Marmorek's streptococcus serum be used in this case? I send sputum again and enclose two dollars for examination.

J. R. M., N. Y.

I would place the woman upon Dr. Waugh's treatment, but especially would urge the fumigation of the pulmonary tract by boiling vinegar, followed by euophen-aristol-petrolatum atomizations, so as to medicate the pulmonary tract completely.

Were there but one form of streptococcus, Marmorek's serum would be indicated, but it will only benefit cases where the same variety is present. I should prefer Nuclein (Aulde) for this reason, as of general practicability; but let me reiterate the advice as to the local application. The treatment you have described is excellent, better than the majority of cases which come to me, but I think you will be pleased with the method described.—Ed.

Query 934. PLEASE inform me how best to relieve the pain of glaucoma.

C. R. W., Texas.

In response to your inquiry as to a means of relief for glaucoma, I would say, before a means can be suggested, it is all-important to know first the type of the disease to which your inquiry refers. Inasmuch as this disease is so prone to manifest itself under such varied conditions, and is due many times to probable causes far remote from the eye, it becomes, therefore, of the greatest importance to classify the disease in as simple a form as possible. A classification into primary and secondary glaucoma is practical, for in this we may dismiss the secondary type, considering it a condition due almost entirely to previous disease or injury to the eye-ball itself, and, therefore, its relief consists in attention to the local condition, a plan of treatment in most instances plain to follow. I infer that it is to the primary type of glaucoma that your inquiry refers, for here we are frequently indeed misled in the symptoms, and, therefore, impractical in our means of relief. We may best consider a means of treatment for this type by first referring to the generally accepted theory, of its production, namely, that the increase of tension in the eye-ball is due to the "retention of the fluid contents within the ball," and indeed, all of the accompanying symptoms of the disease quite logically follow such a physical condition.

Now, therefore, if this be the condition present, let us inquire what might produce such a condition, in order to scientifically offer a means of relief. The most probable cause is the damming up of the zonula or sieve-like partition between the two chambers (anterior and posterior) of the eye, thus preventing proper equalization of pressure of the fluids within the eye-ball. This being the immediate disturbance, what, let us ask, would be the most logical course to pursue in order that we may prevent such a condition, or relieve it when it has already taken place? It is perfectly plain.

with our knowledge of the anatomy and physiology of the iris, that if the pupils be dilated, and the iris by such act caused to roll outward or toward its periphery, as a curtain would roll upon a pole, it would naturally obstruct the zonula region, and consequently the means of escape of fluid, which means for this escape, as we will remember, lies at the periphery of the iris or sclerocorneal region. Therefore, it is not necessary for us to question the propriety of the use of a mydriatic (pupil dilator), of which atropine is the most universally used, but rather dismiss it as being in most all instances harmful in glaucomatous conditions, for the reason above mentioned. But, if the act of dilating the pupil is harmful, by the same method of reasoning how great must be the benefit, under the same physical condition, of an agent which will contract the pupil, and thereby thin out the iris, drawing it from its periphery in a manner that tends to open up this canal or region of escape to the fluid contents of the eye-ball, and thereby relieve the tension or glaucomatous condition. And for this purpose we have an agent in eserine sulphate, which, in many instances, acts with magical precision. The eserine should be used in the strength of one to two grains to the ounce of water; of this, one drop instilled into the eye, two or three times daily, as the condition may demand. I might add, that as an adjunct to the action of the eserine much good can be accomplished by the application of hot water, applied with pledgets of cotton over the closed eyelid for ten or fifteen minutes at a time, previous to the instillation of the eserine. I do not speak of the operative treatment of glaucoma (iridectomy, etc.) for this is well laid down in our text-books, but I speak thus of the theory of glaucoma, for in this, as in all other diseases, a logical line of treatment can only be prescribed by comprehending the pathological condition of the part to be treated, and this is the point upon which I wish to place the most emphasis.

You can readily see that I might take up unlimited space in describing the various conditions of the circulation, the refraction, and other conditions referring directly to the eye-ball conducive to glaucoma; or I might refer to many systemic conditions, such as kidney-disease, heart-disease, and diseases of the respiratory organs, conducive to the same end; but I feel that reference to the direct cause, and but a suggestion as to its relief, would be far less confusing to one not entirely familiar with the treatment of the disease. Generally speaking, I would suggest that in all cases great care be exercised in the hygienic surroundings of the patient. There should be absolute quiet, a plain, unstimulating diet, and all possible attention should be directed to free elimination by diuretics, cathartics and hot baths.

I hope that this may serve, in a measure at least, to enlighten you upon this, at best, obscure disease.

Heman H. Brown, M. D., 103 State st.

Professor of Didactic and Clinical Ophthalmology, Illinois Medical College, Chicago.

Query 935. A PATIENT for whom you have examined sputa and found tubercle bacilli and other germs, desires to learn and practise the Swedish movements. Will it hurt her if she goes at it judiciously?

H. K. O., Ky.

By all means let your patient learn Swedish movements; anything that will exercise and expand her lungs will help her. She could do nothing better, but she must go slowly so as not to tire herself. It is this eternal fighting with your properly directed treatment, that will help her to win out.—ED.

Query 936. A MAIDEN, 23, rheumatic for four years, now resembles rheumatic arthritis, involving the right knee. Looks to be otherwise in good health. The knee at times becomes tender and swollen.

G. S. M., Pa.

The diagnosis of rheumatism seems very

questionable to me. She may have synovitis, tubercular or otherwise, in which case surgical intervention is necessary, putting the joint at rest, or opening it and flushing with iodoform emulsion or euophen-aristol-petrolatum. If it be really rheumatic, sew a flannel cap around the knee, saturate with cod-liver oil, strongly iodized, and cover with oiled silk, leaving on for six months, pouring in a little fresh oil every day. If it be as you think, rheumatic gout, there has been no remedy as yet developed for that malady, and you will have to venture into new fields or give up the case. Among the newer methods I would mention the vegetable diet, the hot air apparatus of the Betz company, hypodermic injections of Nuclein (Aulde) around the affected joint, and thus pushed the production of full toxic symptoms. Static electricity with rest and passive motion, the hot air and the strict vegetarian regime would be my choice to start with.—Ed.

Query 937. THE CLINIC is all right, the Queries are all right, and the granules more right still; but they have got me into trouble and I am going to impose on your good nature by asking you to help me out.

I was under obligations to the druggist to write prescriptions for him to put up instead of furnishing my own medicines. Well, since another doctor has moved in here I have found the granules such a friend that I have switched off on to them altogether, and the druggist, who is a man of considerable influence, throws what he can in the way of the other man. I have three cases now that will do me a power of good if I can benefit them.

Case 1. A boy, 12; over a year ago his father noticed that the boy did not come when he called him; went back and found him staring straight ahead and unconscious. Since then he edges into a corner in a shy way and finally goes down in a heap. Later, he begins to stare, turns to right, and goes over backwards, grinding teeth, jaws tightly shut. Now the boy feels the spells coming on and calls, "catch me!" If they dash water on his face, lay him down and rub him vigorously, he goes to sleep after a

milder attack, sleeps twenty minutes and is all right again. His bowels are regular, he loves plenty of meat, fat or lean, genitals undeveloped, foreskin retractable and not long; has a tender spot on the left side of the skull above the ear, liver slightly enlarged; is rather pale. Urine, s. g. 1008, acid, 12 oz. in twelve hours, smarting at meatus after urinating, urine appears normal. Active exercise is sure to bring on a paroxysm within an hour. He has been a good student, but slow in speech. Pulse 150 and very weak, heart sound.

Case 2. A father, 30, tenderness of the soles of the feet, through to the instep, can hardly stand or walk, toes turn in, walks like a man on thin ice trying not to break through. Pain extends up to his knees and there is some general pain.

Case 3. A man is perfectly normal with the exception of rheumatism of the right arm and shoulder. The pain is worse after exercise. What can be done for rheumatics between 50 and 80? G. L. L., Mich.

I told you when you first wrote me the conditions you were in, that you would have trouble. Any man will, who ties himself to a druggist's coat-tail. Sooner or later, some day, the druggist will do you up, and then what becomes of the doctor?

Case No. 1 has epilepsy. Needs complete circumcision so that the head of the penis will live half to two-thirds bare and perfectly free. Then put upon a vegetable diet and do not allow to eat meat of any kind, or milk. Saline Laxative should be used every morning to move bowels properly and five grains of sulphocarbolate of sodium should be given two to four times a day, sufficient to sweeten the stools and keep them sweet. Circumcision is very important. If it had been done when the child was small this trouble never would have come on. Always look to the foreskin of the babies. I don't believe there is anything the matter with the head that will not be cured by removing this undoubted reflex. The testicles will come down after the circumcision and the parts will develop normally. Your treatment is good and all indicated. You want to add what I have

suggested, and then drop one thing after another as it is no longer needed. The child is in a bad way and only the best of care will put him on his feet.

Case No. 2. It is possible the trouble is flat-foot. Regardless of what may be the matter with him I will say this, that salicylic acid ought to be hung. The salicylates have done more harm than any other line of drugs outside of the abuse of the opiates. They destroy the blood, which is the primary source of health. "Good blood knows no disease." When the blood is poor, the patient is poorly nourished, Nature's functions not being properly enacted, all kinds of trouble follows. This man's difficulty may be spinal more than anything else. Probably he will have, if he has not already, locomotor ataxia, and die with it. Treat him as you would a case of tertiary syphilis, medium doses of the iodide and a mercurial, with intestinal antiseptics and saline elimination.

You can get enough ideas from this letter to help you to cure all the rheumatics in your country, provided you can get them to live right, but you won't do it, many of them, and so they go on eating wrong and living wrong, grunting and groaning to the end, or until they get so sick that they have to lay up and do right, and then some of them get we'll just before they die.—Ed.

Query 938. A MAN, 27, had influenza eleven years ago, leaving an obstinate nasal hydropnea. Spurs and hypertrophies have been removed by prominent specialists with little effect. Otherwise he is in good health. Atropine temporarily checks the flow.

G. E. S., N. Y.

Pack the nasal cavities every night with cotton steeped in Glycozone. Keep him in a moist climate rather than a dry one. If this renders the mucosa tender, or fails to cure in a reasonable time, begin with chromic acid, a grain to the ounce of water, and gradually increase the strength until the flow is stopped. Before applying this acid wash out the nostrils with a nasal douche, with warm water containing a little salt or

soda, enough or render the solution non-irritant, and a tablespoonful of hamamelis distillate to the pint. Then apply chromic acid with a swab if you can reach the hypertrophies, and if not, use a spray. Do not be in a hurry, but do not let a day go without a treatment.—Ed.

Query 939. PLEASE put me down as one more convert. When I have time I will report two cases in which it seemed the action of your granules was nothing but miraculous.

My wife, aged 33, has for six years been troubled with slight prolapsus of right ovary—a whitish discharge of one ounce from vagina, just before and after the menstrual periods, severe in-pains in the top of her head, and is delirious sometimes for two or three days; feels like she "wants to go somewhere"—just get out and walk, has extreme soreness in both ovarian regions. During this time she is very cross and irritable, and the first delirious symptoms I notice she gets "mad" about some trivial matter. She is the mother of two children, both labors easy and natural. During delirium she thinks that all blood in her body has "rushed to her head."

H. M. T., Kans.

Ovarian congestion with "hysteroid" symptoms. Correct the prolapse by inserting a ball of wool in the vagina every morning. Saturate with boroglyceride if there is pelvic congestion, Bovinine if aching without congestion, adding 20 minims fluid extract of helonias or of Daniel's Passiflora also. Keep her bowels regular and aseptic. When the irritability begins give gelseminine and cicutine to complete effect, and hyoscine at bedtime in full dosage.—Ed.

Query 940. A WIFE, 45, menopause passed; epileptic for many years; was successfully treated for obstructive jaundice; but can not flex and extend her legs since convalescence set in. Can not stand alone; feet and legs devoid of sensation. Hot mustard baths, followed by vigorous application of strong stimulating liniment twice a day, have no effect. Strychnine pushed to limit of toleration has not improved her any. Appetite and digestion good. Would elec-

electricity be the thing; and how and when should it be applied? M. K. S., Miss.

I would advise the application of silver nitrate, solid stick, over the lower part of her spine; also the use of galvanism, the constant current to her legs, the negative pole in a basin of water in which she places her feet, the positive pole to the back of her neck. Use a mild current at first, but increase the strength as much as she can bear. Give her a treatment every day. If you had a static machine I would use it in preference.

Keep her bowels regular and feed her well. Also give her hyoscine hydrobromate gr. 1-100 at bedtime each night.—Ed.

Query 941. WILL you inform me whether or not the Metropolitan Medical College is a chartered institution of Chicago? W. R. L., Texas.

The Metropolitan is a new one to me. Write to Dr. J. A. Egan, Secretary State Board of Health, Springfield, Ill., and he can tell you. It is another of Armstrong's institutions, as he has a number of charters and substitutes a new one whenever the old has become notorious like the Independent.—Ed.

Query 942. WHAT is the best treatment for a case of chronic eczema of the face, a baby four months old? Hardy except that. E. M. C., Ohio.

Give the baby arsenic sulphide, one granule in twenty-four teaspoonfuls of water, a teaspoonful four times a day. Every other day give 1-12 gr. of calomel, followed in three hours by a little castor oil. Apply to the face zinc ointment with twenty grains of benzoic acid to each ounce. You might try Resinol in this case also.—Ed.

Query 943. I HAVE a case of chronic rheumatism of three years' standing; a lady. She has no kidney trouble, no specific disease. If you have anything to suggest, please send it to me. She has been treated by a dozen different physicians.

J. W. H., Ind.

The most successful treatment of cases of chronic rheumatism lies along the line of the treatment of indigestion, a fact which is not recognized by the profession in general. I can speak very feelingly on the subject, for I personally suffered with rheumatism for a long time, until I "got onto this tack," since which I have had no further trouble, and I have helped directly and indirectly to bring many a poor sufferer onto the health plain again.

As a rule the patient suffers more from indigestion of the albuminoids, meat, eggs and milk, than anything else. Suspend these and give a free vegetable diet, with abundance of cold water between meals. Antiseptic treatment of the alimentary canal is as a rule always necessary, as well as frequent flushings with a good solution to remove decomposed and fermenting *debris*.

Very little drug medication is required, excepting such as will promote elimination and reconstruction. Along this line I prefer colchicine, lithium benzoate, mercury biniodide and nuclein. Examination of the urine and feces is necessary to determine whether the patient is digesting properly or not. With these suggestions you should have no difficulty in curing any uncomplicated case and relieving all that present.—Ed.

Query 944. A FIRM in Chicago manufactures extract of suprarenal capsule. It is claimed to wonderfully shrink mucous membrane in the nose, etc. A circular came when I was sick and I lost it. Please don't tell me our "advertising columns should show this," as I need it badly at once for a peculiar case. A. M. C., Pa.

The extract of suprarenal capsule is made by Armour & Co., of Chicago.—Ed.

Query 945. Our baby, four months old, has fermentative indigestion. He is full of gas from mouth to anus, suffers a great deal, cries more, sleeps very little except when under the influence of an opiate; don't grow much, ill-nourished, pale, is a whole lot of trouble, not only to himself but to everybody in hearing distance. We have

tried everything we could think of from A to Z, without much benefit. Have used the charcoal and pepsin compounds and various other remedies, ipecac, arsenic, Listerine and glycerin, natrum phos, mag. phos., belladonna, some acid remedies and a lot of other things that I can't think of. If you have any special remedy that you think would help the baby I would be pleased to hear from you as convenient and the same will be appreciated.

A. E. B., Ill.

Give your baby the following prescription: Sodium sulphocarbolate one dram; sodium carbonate, one dram; wine of ipecac, two drams; tincture of hydrastis, six drams; arom. syrup of rhubarb to make six ounces.

Direct: Half a teaspoonful every two hours until the passages are healthy. Follow this with copper arsenite, gr. 1000, three times a day. Stick to this. Do not change about from one thing to another. I need not tell you to regulate his diet properly, if he is taking anything excepting the mother's milk.

If the fermentation continues without improvement for two days increase the quantity of sulphocarbolate double or four times. In fact, keep on increasing it until the fermentation stops.—Ed.

Query 946.—Would the euophen-aristol-petrolatum be applicable in nasal catarrh?

G. L. V., N. Y.

I believe the euophen-aristol petrolatum applied upon a probang or by a suitable oil atomizer, would do excellent work in nasal catarrh, especially in the chronic variety, but have been so busy in other ways that I have never tried it.

Dr. Waugh is making a trial of it now.—Ed.

Query 947.—Find enclosed \$2.00 in payment of laboratory fee; specimen under another cover. Would like your opinion as to whether there is a "fighting chance" for patient of 60, from whom specimen was obtained. Temperature 100, pulse 120. Sickness dates from Jan. '99, attack of *la grippe*.
G. E. C., Ohio.

Laboratory report—"Staphylococci." To your query I would answer "Yes," provided you put your patient immediately upon 1-30 of a grain of strychnine arsenate with meals, six granules of calcium sulphide at 10 a. m., 3 p. m., and bed-time one day, and six of iodoform, gr. 1-6 at same time the following day, and so on alternately; with a hypodermic of ten drops of Aulde's nuclein every other day, a tablespoonful of Sanguiferrin after each meal and enough saline laxative mornings to move the bowels properly every day. If his stools are fetid he should have three or four intestinal antiseptic tablets at bed-time.

Now this may seem to you to be a lot of medicine, but every suggestion points to the meeting of a special indication; and if you will carry them out faithfully your patient will improve from the beginning. The woods are full of such cases—invalids or aged at first, then *la grippe* and then lung infection, with consumption to follow if not helped soon. We shall be much pleased to have you report on this case after a month's treatment.—Ed.

Query 948. I have been suffering from hyperacidity, and it has been suggested that I drink beer, in connection with the alkaline remedies and nitrogenous diet. Several cases have been reported to me as having been very much benefited. It is argued that the constituents of the beer not only assist in digestion, but prevent one from over-eating. I would be pleased to have your opinion.

S. N. L., Ala.

I do not see how the beer can do you anything but harm. Instead of this take Glycozone, twenty drops in a little water before each meal for a week. Follow this with dilute muriatic acid in the same doses.—Ed.

Query 949. I have to address an educational meeting on the subject of Adolescence, according to this outline, 1. General Review. 2. Effect upon the girl. 3. Effect upon the boy. 4. Effect upon the mind. You will place me under great obligations if you will refer me to some literature on the subject.
J. C. B., Ind.

Write to the Vir Pub. Co., Philadelphia, Pa., for the volumes of the "Self and Sex Series" which contain the information you wish. I judge that you will find in them all the material you need for your purpose.—Ed.

Query 950. I SEND by this mail a specimen of urine for chemical and microscopical examination—about one and one-half pints passed every twenty-four hours. Patient, Mrs. W., 54, weight about 135 when in health. Three years ago patient had œdema of limbs for a month, but not since. She has had for years derangement of digestion, sick headache, faintness, "blind spells;" always easily worried, nervous and excitable; sometimes complained of "shortness of breath," palpitation and faintness; menstruated once during last year considerable. She says: "I have had a dreadful feeling. I can't tell how it is. I can feel it coming on. It seems to press me down, and it feels as though the top of my head would lift right off—if I could only get rid of that terrible feeling of dread." She is able to walk around the house at times, now and then to ride to my office (two miles), but it exhausts her. While here she seems anxious to return home on account of nervousness, exhaustion and "dread." She will improve considerably for a few days and then drop back in the old channel, as sick mentally and physically as ever. Sometimes this relapse will be brought on by exciting or depressing news; at other times from aggravation of pain in back, liver or head. Tongue is clean, but a little too heavy and broad. Complaints of the mouth feeling sticky and at times dry. Has lost fifteen pounds during past three months. She is pale, weak and mentally depressed, sleeps badly, appetite sometimes good enough, but complains of cold water hurting her stomach. Three months ago, while in carriage at a picnic, had an attack of faintness and general nervous prostration, which confined her to bed for several days. Pain in liver relieved somewhat by a dose of calomel. Has little dyspnea or palpitation; pulse fairly good but weak; very tender in kidney and liver (rather sensitive all over); suffers much with headache on top of head and back of neck, during past week, which was relieved by five grains calomel; too much talking or noise excites and worries her, ag-

gravating all symptoms. Have used glonoin, strychnine, potassium bichromate, digitalin, iron arsenate, gelsemin, cactus, passiflora, nux vomica, celery, coca and black haw comp., calomel, magnesium sulphate, Anticonstipation tablets, faradic battery, and probably some others at different times.
A. H. J., Ind.

The examination of the urine shows it to be highly concentrated. The symptoms indicate a weakness of the heart in which you will probably find the source of her trouble.

Treatment: Empty the bowels by Saline Laxative and colonic flushing. Keep this up until you are sure they are absolutely empty. Limit the amount of liquid she drinks as closely as possible. Give her three granules of digitalin three times a day for four days, then substitute cactus or cardiac tonic, one or two granules every two hours, keeping the bowels a little loose all the time. Let her have easily digested food of small bulk, luke warm baths every day if possible, and with this she should do well. If she is not better after a week of this treatment there is some internal ailment behind this, of what nature I am not prepared to hazard an opinion without a personal examination.—Ed.

Query 951. WHAT is the best way to give calcium iodide? Does the drug keep well? How would it do in place of potassium iodide in syphilitic sore throat? Would you give larger doses of calcium hypophosphite or the small doses oftener?

C. E. C., La.

Calcium iodide may be given in solution, or rather suspension, in any suitable vehicle, or it may be given in the form of tablets; one way is as efficient as another, the only point being to get the drug on the inside in properly selected cases. Calcium iodide keeps well in small quantity in closely corked bottles, also in a properly prepared tablet, and may well take the place of potassium iodide in the condition named. It is indicated wherever the iodine effect is needed. If it is desired to increase the quantity of calcium hypophosphite the dose may be given more frequently or a larger quantity of granules

may be given at a time, whichever appears to be the most desirable.—ED.

Queries 952 to 958. 1. WHAT diseases besides typhoid fever can cause death from hemorrhage of the bowels?

2. Can constipation exist during a run of typhoid fever?

3. What disease besides typhoid fever produces ulceration of the bowels?

4. In a case of bowel trouble with general rottenness, such as is sometimes found, what unmistakable sign or evidence tells you the disease has changed to typhoid fever?

5. Can ulceration of the bowels exist without the so-called typhoid germ, or without a certain specific germ?

6. Are there any at the present time who believe that germs are developed spontaneously during degenerative changes?

7. Why do carbuncles occur most often on the back of the neck—any danger in opening them? S. J. W., Mich.

1. Ulceration of the bowels, hemorrhoids, obstruction of portal circulation, dysentery, hemorrhagic diathesis, etc.; anything that causes solution of continuity or congestion beyond the ability of the capillaries to expand.

2. Yes, most assuredly. I have had many such cases.

3. Not necessarily confined to any specific disease. May result from infective or other forms of dyspepsia, tuberculosis, round ulcer of duodenum, dysentery, etc. Outside the stomach except as accompanying typhoid fever and as existing in the rectum, it is rare.

4. Detection of the typhoid bacillus, or Widal's reaction. Without these you have to judge from the mass of evidence.

5. Intestinal ulcers are usually typhoid or tubercular. But we cannot say other germs do not cause these ulcers, even if not detected.

6. I presume so. Tell me a solitary fact that some do not deny—even their own existence.

7. On account of the density of the tissues. Many conditions which become carbuncular upon the back of the neck would

not become so in other situations. Open every carbuncle freely and then cut again and then cut crosswise and then dress antiseptically and the case will get well all right provided you go to work and clean up the sewer-system of the body and give lots of calcium sulphide and vitalizers.—ED.

Query 959. WHAT is wrong with the following inhalation for lung diseases? The vapors of hydrochloric acid, and ammonia FFFF, drawn from separate tubes, by glass rods (that do not reach into the acid and ammonia), into water; then inhaled by suction from a glass tube that does not reach the water; the chamber above the water being air-tight except that that comes through the water, by way of glass rods.

How would carbolic acid, creosote or iodine act if one should be added to the water?

J. R. W., Ind.

What curative effect would you obtain from ammonium chloride administered in this way, or from the uncombined gases? Powerful irritation, I would infer. Substitute the agents named for the acid and you would have antiseptics. But let our specialists take up this question.—ED.

Query 960. MALE, 55, high liver and drinker till ten years ago; enlarged prostate, painful urination at times, pain at stool or standing, in iliac and pubic regions; tumor filling right hypochondria, part of epigastric, to within one-half inch of umbilicus; tumor smooth, firm, non-painful on pressure; urine alkaline, scanty, highly colored, decomposes quickly, vast amount of brown sediment on standing; slight jaundice, at times marked; ascites of six months' standing; appetite and digestion fair. T. F. S., Okla.

The tumor you describe is evidently an enlarged liver and I would hardly like to give a view as to its nature without examining it. Its firmness would indicate that it is not fat. The smoothness leaves out cancer or tubercle. It looks like an amyloid liver from your description, but that is not as a rule attended with ascites, and the urine contains enormous amounts of albu-

men. Consequently we would look for a simple hypertrophy, or else the development of a large abscess or hydatid mass, not reaching the surface of the liver.

Not making a positive diagnosis, the only suggestions I can give you as to treatment are to keep the bowels empty and aseptic, keep up his strength with nuclein and the tonic arsenates, and paint over his liver every day a mixture of ammonium muriate and strong nitro-muriatic acid, each half an ounce, and water to make two ounces. Paint over the liver three times a day, and give twenty drops internally three times a day, well diluted.—Ed.

Query 961. I HAVE a case of supposed epithelial carcinoma of lower lip; an ulcer of two or three-years' standing, three-fourths inch by three-eighths, indurated base, just eaten through mucous membrane or a little deeper. Male, 58 years, chewer forty years, smoker eighteen months; began at snag tooth; no lymphatic involvement. It will be hard to get a specimen. Tell me how.
B. R., Ill.

You can secure a specimen from the ulcer by scraping with a sharp curette. I would urge you, however, to have the whole business removed, and that as quickly as possible. I have just had a similar case and it did well. The whole growth was removed, a little plastic operation performed and the man went home quite happy. Meanwhile, I would apply solution of formalin to it, about two per cent.—Ed.

Query 962. A GIRL, 12, has had epileptic fits since two years of age. Left side mostly affected. General health good, appetite splendid, craves pork or bacon. Bowels very regular. Urine appears all right. I have treated the case for six months with the following compound: Potassium, sodium and ammonium bromides, each one-half oz.; potassium and ammonium iodides, each two drams; ammonium carbonate, one dram; tinct. columbo, two oz.; water q. s. to 8 oz. Direct: Teaspoonful before each meal and at bedtime.

While under this the paroxysms are

scarcely noticeable. Anything leading to permanent recovery would be greatly appreciated by me.
L. S., Texas.

Examine for reflexes, and relieve them. Circumcise anyhow. Stop all albuminous food, regulate bowels, and give cicutine and hyoscine hydrobromates, arsenic bromide and zinc valerianate, one granule each four times a day, adding one daily dose every time a fit occurs till you have full effect.—Ed.

Query 963. WHAT is the Widal test for typhoid fever? Is there a typhoid fever antitoxin, such as is being used by British army surgeons, made in this country?

J. W., Texas.

The clumping and sedimentation with loss of mobility, of certain bacteria on addition of blood-serum from persons who have passed or are passing through the disease to which the respective bacterium gives rise.—(Gould).

I know of no typhoid fever autitoxin made in America; unless Parke, Davis & Co. supply it.—Ed.

Query 964. A WOMAN, 45, cough for twelve years; pneumonia twice, last attack four years ago and cough has been worse since; grip last winter; since reduced from 102 to 80 pounds; anemic, tissues relaxed, expectoration twelve to sixteen ounces per diem. Cough worse in after part of night and on rising; pain above nipple and under right shoulder-blade; dilation of stomach, with soreness over stomach and bowels; gastralgia very frequent, bowels constipated, dull pain across hips; temperature 99—100. pulse 84—96, respiration 26—30. Large mucous rales, uterus retroflexed, os about one and one-half inches from vaginal outlet. No menstruation from May to September, when a slight flow was seen, but not since; kidneys normal, liver slightly enlarged.

Treatment: Teaspoonful Saline Laxative before breakfast, a W-A Intestinal Antiseptic tablet three times a day, strychnine arsenate, gr. 1-30, every four hours; Protonuclein, gr. 5, every four hours.

Results: Soreness over stomach and bowels entirely removed, bowels regular,

dilation of the stomach lessened, weight increased from 80 to 87 pounds, cough no better and expectoration worse if anything, pain over hips not relieved. You know the heart of a man that has practised only a short time, and here is what I want: What is the trouble? What am I to do for the cough and such profuse expectoration? I send specimen of sputa by this mail.

J. A. W., Ind.

The laboratory says: Streptococci, staphylococci, epithelial cells, numerous pus cells.

You have a case of streptococcus consumption. Now just turn to our article in the CLINIC, August number, read it carefully and apply exactly the treatment mentioned there, especially cleaning the lungs by inhaling the fumes of boiling vinegar, and then using euophen-petrolatum with an oil atomizer, so as to thoroughly medicate the diseased surfaces. All that I would say beyond this is to simply repeat what has been said in that paper.—Ed.

Query 965. A WOMAN, 60, asthmatic for years, had gastric catarrh, the latter treated with blisters over the stomach, digestants, diet, antiseptics, rectal feeding and inunctions of cod-liver oil. She got fairly well, but this summer began having pains in the stomach and bowels; dropsy, but not of the serous cavities; urine now ten ounces in twenty-four hours, like sample. I inclose \$2.00.

J. M. T., Iowa.

The urine shows a very serious defect in elimination. If there is any disease of the kidney, it is cirrhosis. Give her one granule of apocynin and a small teaspoonful of Saline Laxative with a granule of cardiac tonic every two hours as long as the dropsy lasts. Her stomach will improve under this. If she seems very weak add five drops of tincture of iron to each dose.

I am sure the dropsy will improve under this and then you can go back to your previous excellent treatment.—Ed.

Query 966. LADY, married four years, 27; ten years ago discovered a small lump in her right breast, a year afterward a cow

kicked the breast and the lump began to enlarge; seven years ago the right breast was amputated successfully; five years ago a careless rider ran over the buggy she was in, the horse striking her back with one foot, breaking the dorsal spines of the four lower lumbar vertebrae, and bruising some of those above. She has been an invalid ever since, though often attending to household work; can not keep quiet, will stir all she can. At the time of the accident the left arm was partially paralyzed, also the left leg. The arm entirely recovered, the leg imperfectly; she loses control of it, and would fall if not held up; sixteen months ago a small tumor was found just under the skin in the upper part of left breast. Two months later the left axillary glands became sore. Treatment by application of magnesium sulphate, one heaping teaspoonful to one pint of water, calcium sulphide internally in one-grain doses, six to ten daily, or slag water, and for months she took strychnine, gr. 1-40, and cell salts for the general condition, also five grains columbo, t. i. d. The soreness has partially subsided in the left breast, and almost entirely so in the axillary glands. The upper left breast is yet somewhat swollen and lumpy.

Her greatest trouble is her menstrual periods, two to five weeks apart, and attended with more pain than human nerves can well bear, lasting one to three days. There is a fullness in left side of pelvis, which seems not to answer the description of any ovarian or tubal affection; supposed to be the effect of a fragment of bone, but there is not enough fever to go with it, and no swelling on the outside. Temperature in left axilla 98.4, of spine 99. The uterine cervix is atrophied to the size of a butter bean, or less. Glonoin, one every fifteen minutes, partially relieves the menstrual pain. The discharge is lumpy and fibrous, not fetid. She has had various treatments from several good doctors. She now takes digitalin, gr. 1-67, instead of strychnine, also a daily vaginal douche of magnesium sulphate solution. Pulse, sitting, 78, often running up near 100 when lying down, weak and soft.

B., Tenn.

The breast is cancerous; the other symptoms may be chargeable to the spinal injury, or to secondary cancer. The menstrual pain may be eased by glonoin, hyoscyamine, ma-

croton and helonin, with hot enemas and heat externally.—Ed.

Query 967. MEDICAL student, 24, masturbated from fourteenth to twenty-second year; penis small and flabby, measuring two or three inches when not erect, when in erection six inches; glans pale and slightly bluish; erections imperfect and unstable, and ejaculations, especially the first one, premature and not as copious as they should be. What course of treatment must I adopt in order to remedy these defects? Can I develop the organ more fully by any means, and how can I render the erections more perfect and reliable and prevent premature ejaculation? Can I render myself fit for marriage, and if so, how long a period must elapse before I may look for any cure or benefit? Should I consummate the sexual act about once a week, or should I discontinue the pleasure for a while?

Student, Mo.

The only thing abnormal evinced in this account is that it should have been written. There is nothing the matter with your genitals. Keep your bowels regular, be sparing in the use of meat, avoid alcohol, tea, coffee and rich suppers, use cold baths plentifully, think more of your studies and less of sexuality. And whenever you find a good girl to take you, marry at once.—Ed.

Query 968. A HUSBAND, 80, has torpid liver, white, offensive stools, dyspepsia; is not costive. He has lost a toe from senile gangrene and the foot is turning black. The pain is great. F. J. P., Iowa.

Doctor, the man is going to lose his life from the increase of the gangrene, and I would suggest that you amputate the foot to save him the pain of the lingering death. What if he should die under the knife? It is better than the agony he will have to bear until he dies from exhaustion. The pain is due to the stopping of the circulation by disease of the arteries. I am sure I have delayed the progress of this affection by the use of iodine internally, given in physiologic doses for many months. Usually I give iodoform, but as his liver is so inactive I

would give mercury biniodide, from six to ten granules a day. I would also give him glonoin to relax the tension of the vessels and probably alcohol in moderate doses.

Keep up charcoal poultices in contact with the gangrenous parts. The pain can sometimes be relieved by plunging the foot into a bucket of cold water, or of very hot water. Try these both.—Ed.

Query 969. I HAVE got my Bright's disease patient upon his feet and around town, urine normal, digestion weak, dropsy all gone, "water-logged lungs" nearly free, cough much improved, can sleep lying down and eats well, but is weak and can't seem to get any farther. His breath is short on slight exertion, but if he takes his gait can walk one-fourth mile to the depot and sometimes back, but keeps about the same for the last month. I hardly know what to do for him. Calcium sulphide, digitalin, strychnine arsenate and nuclein are the remedies lately. A. B. B., Cal.

Keep down his use of fluids, and substitute iron and quinine arsenates for the sulphide. Feed well.—Ed.

Query 970. PLEASE suggest a positive cure in the form of an application for superfluous growth of hair on different portions of the body. J. R. E., Ill.

There is no known cure.—Ed.

Query 971. PLEASE tell me of the reliability of Dr. D. D. Richardson, of Chicago, and his purported cure for varicocele by "Electro-Chemic" treatment. I have a troublesome varicocele, but do not care to deal with quacks. I have difficulty in walking, supposed to be ataxy, but it has been pronounced "imperfect development of the lateral columns of the spinal cord, causing spastic gait." C. B., Conn.

The man you mention is an advertising quack of the most glaring description. I am sorry you are not within reach, as we would like to examine your case, but would suggest that you go to Dr. Morton, the specialist in electricity in New York City. I would have confidence in his judgment

in such a case, and know of no one within reach of you as well qualified to treat your case.—Ed.

Query 972. LADY, 39, every time she gets over-tired or excited, will pass large quantities of colorless urine for four or six hours, then complete suppression for hours, causing great pain, it being necessary to use anodynes, hip-baths, etc., for relief. Give treatment.
W. A. T., Ill.

Glonoin to relax arterial tension, flush bowels with colchicine, or skin with pilocarpine, either given to full effect.—Ed.

Query 973. I SEND specimen of urine in following case: A trained nurse, 23, single, strong and healthy until June, 1895, then had bilious intermittent fever, followed by dysentery in September, which lasted till July, '97; occasional attacks since; now diarrhea alternating with constipation; oedema of feet after standing two years ago, reappeared last February and extended to upper abdomen, no oedema now; hemorrhage, one pint, two months ago from bowels. Pulse 78, slight cardiac hypertrophy, good appetite; curetted uterus and operated on rectal fistula last May, small polypus removed from uterus at time; dysmenorrhea, irregular, right ovary congested, hysteria, nervous, sleeps well, feels well. Oct. 16th took one-fourth grain morphine hypodermically; unconscious till Saturday, Oct. 21st; eight convulsions during time; breath smelled of urea; urine drawn, sp. 1000, two per cent. of albumen present. She was treated by silver nitrate enemas for dysentery, paregoric as needed for pain, Basham's mixture for oedema; has taken morphine before, and always writes a note as follows: "Send for Dr. B. quick. You'll be sorry if you don't." This she takes in her hand and goes to bed.

She has no oedema now, provided she does not stand on feet too long; feels well, not anemic, good appetite, flatulent with diarrhea. Is it parenchymatous nephritis, morphomania, hysteria, or what? The help of the editors and CLINIC is asked as to diagnosis, prognosis and treatment.

G. W. H., D. C.

The urinary difficulty is due to the effort of the kidneys to eliminate matter absorbed

from the bowel. Put the woman on saline laxatives and intestinal antiseptics, flush her colon twice a week with a dram of zinc sulphocarbolate in a quart of water; give internally oil of eucalyptus, five drops three times a day; and by all means forbid her using another particle of morphine. Prognosis bad, for she will prove unmanageable.—Ed.

Query 974. A wife, 45, several children, has always had excellent health, save for a severe attack of neuralgia a few years since. Began three weeks ago to complain of severe pain in left arm, whole length. There are no specially tender spots. Menstruation is irregular.
R. B. C., Va.

Give the woman glonoin, atropine and strychnine arsenate, one granule each every fifteen minutes until effect, for the severe pains. Meanwhile put her on sodium iodide, forty grains a day, and keep it up for a month. Try and keep up the menstrual flow at the proper time also.—Er.

Query 975. I have a case of gonorrheal rheumatism in young man, 25, infected two years ago; swelling of the feet and wrists.
J. E. V., Ia.

There is nothing as good as calcium sulphide. Give seven to ten grains a day until his breath smells of it; then drop to about three grains a day and keep on until he is well.—Ed.

Query 976. My patient with muco-enteritis is improving with W-A Intestinal Antiseptics and a morning dose of saline laxative. The above case has resisted all treatment, and even from noted physicians in St. Louis. Thanks, Doctor.

I now have a case of fermentative indigestion with ulceration of the stomach, age 20, farmer, duration of sickness, two years. All food that is taken sours and ferments in one hour, he rests poorly, constipated, much emaciated, pain in stomach and small intestines. Contents of stomach when washed, mucus with some blood.

G. S. P., Ind.

Give the boy intestinal antiseptics, in a pint of hot water one hour before each meal, twenty drops of Glycozone in a teaspoonful of hot water just before each meal. Diet him carefully and keep his bowels regular by colonic flushing and laxatives.

Try this for a couple of weeks and let us know the results. It has succeeded elegantly with several cases of my own.—Ed.

Query 977. Woman, 35, one child, healthy in every respect except her bowels. When she has a passage there is a great quantity of mucus; looks like the membrane of the intestine. Complains of burning sensation in bowels, but not sore on pressure. Give me treatment. Where can I get W-A Intestinal Antiseptic tablets and Waugh's Laxative? What is the Saline Laxative? What are their formulas?

F. B. C., Ohio.

The case is one of mucous colitis. Put your patient upon a diet of milk and absolutely nothing but that, giving her a pint of hot milk every four hours, with two W-A Intestinal Antiseptics dissolved in it or else taken and the milk afterward. Empty her bowels with saline laxative and keep them a little bit loose. Give her also a capsule containing five drops of oil of eucalyptus and two grains of euophen four times a day, and finally wash out the bowels twice a week with a quart of hot water, with ten grains of silver nitrate. After using this inject a salt solution to wash away the silver.

You can get the W-A Intestinal Antiseptic, Waugh's Laxative, etc., of the Abbott Alkaloidal Co. The Saline Laxative is an effervescent magnesium sulphate. The Intestinal Antiseptic is a preparation of the sulphocarbolates of zinc, lime and soda, with salicylate of bismuth. The formula of the laxatives is given on every package.—Ed.

Query 978. In November CLINIC, query 846, you say there is no danger in injecting iodine into the diseased lung, but one should know his anatomy.

1. Why is not this more practised?

2. Have any good results been achieved from it in tuberculosis?

3. Can you give the best formula or formulas?

4. What work would you recommend on injecting the lung in tuberculosis?

S. D. S., Wis.

I think you will find something on the subject in Pepper's Practice, to answer all your queries. Can any reader reply more definitely?—Ed.

Query 979. In a case of gleet, I have been using silver nitrate and berberine for a week. At first the syringe felt like a hot wire, but now the syringe does not hurt much, and I can introduce a sound No. 13 American, without much discomfort. I am at a loss to know how far the sound should go. You did not mean into the bladder did you? I discover there is considerable enlargement of the prostate gland.

T. C. F., Cal.

Put the sound into the bladder. For the enlarged prostate you had better use the euophen-aristol-petrolatum, every day for a month. I am sure that you will be pleased with the result.—Ed.

Query 980. A man, 50, has had catarrh of the bowels for twenty years. Used morphine for five years and is now taking a grain and a half a day. Is a great slave to tobacco. How can I cure him?

J. R. T., Ky.

Had you been reading the CLINIC for the past year you would have found an excellent treatment for the case you mention in one of Dr. Abbott's notes.

Dr. Waugh has published a little book upon the "Morphine Habit" which we send at 10 cents; but you will have first to cure the colitis, and this you can do by a milk diet, intestinal antiseptics and colonic flushings, with 1-8 gr. nitrate of silver to the ounce.—Ed.

Query 981. MAN, 32, seven years ago kicked on scrotum, destroying right testicle; has since had trouble in urinating, smarting and burning pain in bladder and back; had severe hematuria; micturition every fifteen minutes day and night; urine normal ex-

cepting occasional mucus. Last July he passed blood and pus from the bowel, followed by chills and fever. Since then he has improved greatly excepting frequent urination. He was excessive in sexual matters. Does menstrual discharge without any specific organisms cause such trouble? Has had no specific disease.

J. R. A., Ind.

This man has had an abscess in the prostate, resulting from the injury, the tissues never having entirely recovered. There is nothing to show that his trouble had any connection whatever with his sexual habits. Diseases can not be transmitted from one person to another unless they depend upon specific organisms.

I would suggest the use of colchicine, three granules a day; sodium bromide, five grains, three times a day, and the exercise of a little moral restraint, moderation in the use of meat, spices, and all stimulating foods and drinks.

You had better examine his prostate through the rectum. You will probably find it enlarged, and the inflammation of this organ is sufficient to irritate his bladder. As a sedative to the bladder try Urotropine, thirty grains a day, with enough hyoscyamine amorphous to produce slight physiologic effect. If there is a continuance of the suppuration give calcium sulphide and the tonic arsenates in full doses, with nuclein, twenty minims a day. Sometimes the irritation of the bladder subsides very nicely under the use of Lambert's Lithiated Hydrangea or Searle & Hereth's Tritica, both of which I have used with excellent effect. These bladders are curious machines. One responds to a certain medicine and the next to all appearances exactly similar does not do well under it at all.—Ed.

Query 982. MAN, 35, has indigestion. All meat, oysters and acids cause vomiting or diarrhea. He is always hungry, tongue raw; pepper and salt produce burning pain. He is growing weaker. Salt oysters cause swelling of the tongue, lasting several hours.

J. W. S., N. C.

I think this is a case of aggravated gastric catarrh, and would suggest that he go on a diet of skimmed milk, taken hot, and no other food whatever. A half glass of milk every four hours, to be eaten, not drank, taking fifteen minutes to consume the half glass. Half an hour before each dose, give him twenty drops of Glycozone in a little water. If he goes several weeks on this and commences to improve, increase the quantity of milk, and let him add pure fruit juices, not the preserved kind but freshly pressed from the fruits, taken in the same way.—Ed.

Query 983. A WOMAN has a polypus protruding from the os uteri; occasional hemorrhages. What is the best instrument with which to ligate the growth?

R. H. C., La.

I can hardly tell you what method would be the best in that particular case. I have sometimes twisted these growths off with a pair of stout forceps. The hemorrhage is not of much consequence. If the pedicle is $\frac{1}{4}$ inch or less in diameter, this is a good thing to do. If larger, I would use either a silver wire or a rubber cord, whichever can be used easiest. The cord is the best. Pass it around the polypus, draw tightly and clamp with a pewter button.

If you use the silver wire, use a pretty strong one, pass it around the polypus and twist it, leaving the ends hanging down in the uterus. Every two or three days you will have to twist it some more as it cuts its way through.

I don't know that any special instrument makes this easier. A speculum, a good pair of forceps, a strong ligature, either a pure rubber cord or a thick silver wire, will do the work.—Ed.

Query 984. WHAT is the best treatment for the morphine habit?

J. M. C., Miss.

We send you Dr. Waugh's little pamphlet on the morphine habit. Read it carefully

and follow closely, and you will get good results. The price of the pamphlet is ten cents. The treatment given will relieve all real pain, or prevent it, but no drug will relieve imaginary pain, and to that these people are very liable. Here you must exert your will, and show the patient that she has no real pain, or in spite of all treatment she will break away and take the drug. This has just occurred with a patient who was taking three grains a day and during the first week of treatment at her home, in order to insure her against pain, I gave her *four grains a day*, more than she had been taking and yet she "couldn't stand the pain," she said, and had to take morphine to relieve it! Such cases are very common indeed. In fact all morphine patients are liable to this form of autosuggestion.—Ed.

Query 985. LADY, 49, insomnia, pains in occiput and down the back and under the sternum through to the spine, eyes twitch and ache; she is irritable, languid and dull; worse at menstrual period, which lasts three days. She missed in September and the pain is worse. She is well in other respects.
A. Z., Oregon.

Give the lady from two to four B. U. T.s every day; also during each day three to seven granules of cicutine hydrobromate. In the evening as soon as she has had supper let her take one granule of hyoscine hydrobromate every half hour, until it dries her mouth or puts her to sleep. Next evening give her at one time the full number of granules it has required the evening before. If not decidedly better I would suggest that you make an examination and see if there is not some difficulty of her uterus which requires mechanical treatment.—Ed.

Query 986. FARMER, 45, for a year has passed blood after the urine. His pulse and temperature are normal, appetite good, constipated, pain over the kidneys; the urine has a trace of albumen; specific gravity 1020; passes large quantities and is very thirsty. The pain in the back keeps him in bed.
W. C. C., N. Y.

There is something more the matter with this man. Have you examined for stone? I would recommend Urotropine, thirty grains a day. Meanwhile, keep up his strength with the nuclein, which is certainly needed in this case. Let him have nutritious food, rest, and wash out the bowel with very hot water whenever he has a spell of pain. Sound for stone also. The use of euphen-aristol-petrolatum for cystitis seems to be quite successful, but I think there is something more the matter with that man, hence would not advise it.—Ed.

Query 987. I HAVE two brothers, aged 23 and 38, with mucous colitis, the affection lasting two years in one, four months in the other; the latter beginning after the man began sleeping with his brother. The discharges are accompanied with great tenesmus and contain blood and pus.
G. L. P., Ind.

I am much obliged to you for your report of the cases of muco-enteritis, but you do not tell us the result of treatment. I would suggest the use of silver nitrate, about one grain in eight ounces of water, injected into the colon twice or three times a week, in addition to the excellent treatment you have instituted. Of course, however, if your cases have recovered from this, you are to be congratulated.—Ed.

Query 988. For eighteen months I have suffered from hyperacidity; no vomiting or stomach trouble; pain in the bowels on the left side, with a popping sound which subsides when I lie down, but soon begins again and annoys me all night. Diet limited to raw eggs and beef, with antiseptics, gives no relief.
S. M. L., Ala.

The symptom you describe is a very singular one, and I should infer it means that there is a constriction in the small bowel, gas passing through it at intervals. Moderate exercise, keeping within the limits of fatigue, should be advised, unless you find it increases suffering.

I would hardly advise the use of alum

mineral water, as the constipating effect could scarcely fail to be injurious.

Try the effect of copper arsenite gr. 1-100, oil of eucalyptus m.v, and a full dose of Nicholson's Liquid Bread, four times a day, confining the diet to milk and fruit juices.—Ed.

Query 989. MAN, 44, indigestion for five years; deafness, puffing and ringing in the ears; cannot digest carbo-hydrates, pork or apples; if he sits down twenty minutes to read, he goes to sleep; going out in company he goes to sleep in his chair; has been impotent four years.

W. V. P., Ill.

This is certainly a peculiar case, and I do not quite see how to bring all the symptoms together. However, you had better do this way: Regulate his bowels by the use of anticonstipation granules, or Robins' very effective cascara pills, giving just enough. If the stools are odorous add intestinal antiseptics, just enough. Aid his digestion of carbohydrates by some good preparation of malt extract like Maltine. Examine his urethra and see if there isn't sensitiveness in the prostatic portion. If so, use the eu-rophen-aristol-petrolatum mixture in the way we so often advise.

I believe with the digestion regulated, and this done, the hearing will improve. Please note if the hearing is improved by free action of the bowels, which may give us further indication.—Ed.

Query 990. MAN, 77, has had retention of urine from enlarged prostate, at intervals, for twenty years.

T. B. C., Ohio.

By all means put this patient upon the use of the eu-rophen-petrolatum mixture, injected into the prostatic urethra every day, keeping this up for a month; meanwhile give him seven granules of hydrastin a day, and also add half a drop of tincture of cantharides three times a day. If the cantharides seems to irritate, lessen the doses. If, not better in one week, substitute strychnine ar-

senate gr. 1-134 every hour, while awake, and alternate week by week in this manner.—Ed.

Query 991. A MAN, 58, with chronic cystitis, chills and fever. Has good appetite; the urine dribbles at night.

F. B. C., Ohio.

Wash out the bladder with warm water, a tablespoonful of distilled witch-hazel to the pint. Then throw into the bladder one ounce of the eu-rophen-petrolatum mixture and leave it there until it has passed out naturally.

Meanwhile give this man seven grains of calcium sulphide a day, with full doses of Nuclein and the arsenates of iron, quinine and strychnine; one of the stronger granules of each three times a day. Keep his bowels regular.—Ed.

Query 992. A CLERGYMAN, 38, has weakness in the back, increased by cold, fatigue or sexual excitement. He is afraid to marry on account of the weakness. He feels better when he perspires freely. If he is chilled he will have headache and vomiting.

R. L., Can

This is a very interesting case indeed, and I could not ask for a better one in which to advise the use of eu-rophen-petrolatum. Pass a well-warmed and oiled sound into the urethra until you find a very tender spot. Then take your syringe and inject a few drops of the eu-rophen-petrolatum mixture into this tender part of the urethra. Repeat every day until you can pass the sound completely into the bladder without causing pain. Give him about seven granules of hydrastin every day, keeping his bowels regular, and see that he does not eat too much meat. One of your statements makes me think he is uricemic.—Ed.

Query 993. MAIDEN, 35, teacher, has numbness in the right arm. The urine shows excess of uric acid. She is otherwise quite well.

I. M., N. Y.

The numbness may depend upon neuro-

tis, or pressure upon the sensory nerves by an enlarged gland in the axilla. In either case give her strontium iodide, forty grains a day. If the nerve is sore, apply mercury oleate over it three times a week. At the end of two weeks, if not improved add zinc phosphide gr. 1-6, three times a day. I should like to hear the result of this treatment.—Ed.

Query 994. WHAT is the best remedy for uricemia, to rid the system of uric acid?
A. B. B., Cal.

Water. Give her as much water as she can possibly drink, from two to four quarts a day, stopping all nitrogenous food.—Ed.

Query 995. A YOUNG lady; menses stopped a year ago from anemia, exhaustion and anxiety after long nursing the sick. She was much constipated, has no appetite, no ambition, wanted to die, but thinks she is eternally damned and will go to hell. Her bowels have been regulated, blood enriched, menses returned, and she is now physically well, but the mind is as bad as ever. She still weeps over the loss of her soul and threatens to commit suicide.

A. B. B., Cal.

I think, Doctor, if you inquire into all the circumstances of the case, you will find the young lady is more worried over the loss of her beau than of her soul. In fact, if she's got the former, the latter will generally take care of itself. I would suggest that you give her chloroform, and make a thorough examination of the bowel and the genital apparatus. You may find more than has been told you. Beyond this I see little chance to improve on your excellent treatment, which I would continue in all respects. You might give zinc phosphide, for reasons I have often mentioned.—Ed.

Query 996. IN a case of gleet of eight years' standing I dilated the urethra twice a week, washed it out with benzoic acid solution and injected euophen-aristol-petrolatum every day. There was pain and ulceration in the prostatic urethra. This has all disappeared except a soreness in the fossa

navicularis, which discharges a little purulent fluid.
W. H. N., Kans.

You have done very well indeed, but there is evidently a focus of the gonococcus beyond reach of the petrolatum. I would continue it and also give calcium sulphide up to full saturation, requiring about seven grains a day of the pure salt.—Ed.

Query 997. A LADY, age 47, excessively fat; health fairly good; eats but very little. What would you advise?
C. F. B., Colo.

Stop her drinking water and all other fluids, reducing to a pint a day. Make her eat her food dry, chewing it thoroughly until she can swallow it without help from fluid. Then increase the exercise she takes very carefully, avoiding overwork. If you do this she is bound to get thin.—Ed.

Query 998. A GIRL, two years old, has had intermittent fever, diarrhea, urine very free and passed every ten minutes. The child is very thin, has a good appetite, lives in a malarial district. The sickness has lasted eighteen months and still continues.
A. W. B., Ind Ter.

Your patient may have tuberculosis of the bowels, rickets, or simple indigestion. Doctor, examine her and tell us which she has, and we will then be able to prescribe for her more usefully.

Supposing she has simple indigestion: Put her on the use of the raw white of egg in water as a diet. Keep her bowels empty by the use of castor oil, saline laxative or the neutral cordial mentioned by Dr. Waugh in his book, and give some good intestinal antiseptic, until the child is well.

If she has rickets you should give Maltine and Peptenzyme in addition to this. If she has tuberculosis, give cotoin to check the diarrhea, intestinal antiseptics to heal the bowels, same diet, and rub the child from head to foot every day with hot cod-liver oil. As she gets better add syrup of iodide of iron to the treatment, and give Hydro-leine for many months.—Ed.

Query 999. PLEASE give instances in which death has occurred where there are no pathological reasons found on autopsy.
W. H. M., Pa.

Will our courteous readers reply to this question for us? We are a walking encyclopedia as to treatment, but haven't brains enough to carry all the queer things that have occurred in medical history.—ED.

Query 1000. A WOMAN, age 59; since the change of life has had pain in her head, back of neck and under left shoulder, with chirping in her ears like crickets, and explosions in the head when she lies down, disturbing her sleep. During the day she sometimes has flutterings or quivering in the stomach, extending up to her nose; chilliness in the upper spine, pain in the tongue and above the eyes. The appetite is good and the bowels regular. Both father and mother died of apoplexy, over eighty years of age.
F. H. D., Pa.

The case is not at all clear, but I incline to the belief that the trouble is to be found in her ear, and would advise an examination by a competent aurist. You do not say anything about the condition of her heart, and yet with her family history that is the first point to be considered. I would make a very careful examination of this organ. See if there is any trouble in it. You might try pilocarpine empirically, giving her 1-67 of a grain every five minutes until she perspires a little and see whether improvement follows. I would also examine her nose and throat for catarrh and treat it if found, but this is the only suggestion I can make on the data submitted to me.—ED.

Query 1001. WHAT will relieve the sensation of numbness in the fingers—acroparesthesia? It is frequent in women, some at the menopause, some not; some anemic, some plethoric; some workers, some lazy.

In using codeine with hyoscyamine instead of morphine, can we rely on its not causing unpleasant mental symptoms, when there is an idiosyncrasy against morphine?

In what irritations of the skin is pilocar-

pine beneficial? Would it help prickly heat?

What do you advise for constipation in nursing women? Sulphur is reliable, but causes offensive odor.

Is green apomorphine unsafe?

What is the treatment for uterine pain during pregnancy? F. H. R., Mass.

The numbness of which you speak is possibly due to some defect in the circulation. I would suggest the use of arsenic iodide, four granules a day continued for many months, with macrotin, seven granules a day given occasionally, for a week we will say, out of each month.

I have heard of no case in which codeine caused unpleasant mental symptoms. If you have any such, I would be glad to have a report of it for the CLINIC. In many cases, however, where morphine is generally used, I prefer hyoscyamine with strychnine, the combination being very effective.

Pilocarpine is especially beneficial in itching of the skin from jaundice. I doubt its being of value in prickly heat, which is strictly local and usually can be relieved by a hot mustard bath.

For nursing women I would prefer as a cathartic the saline laxative, and have not found that it acted upon the children more than was for their good.

Dr. Abbott does not believe the green tint of apomorphine injures it, and he has used it very largely indeed.

In uterine pain you mention during pregnancy I would use the following: Viburnum, helonin, macrotin and the B. U. T. One of the four should give you the relief you seek.—ED.

Query 1002. WHERE can I get Neiswanger's uniplex divided current electrode, mentioned by the editor in the CLINIC recently?
J. C., N. Dakota.

Write to Dr. Neiswanger direct, the Marshall Field Bldg., Chicago, Ill. Or you may be able to get what you want from the McIntosh Co., with whom he was connected until recently.—ED.

Query 1003. I SEND specimen of urine, with \$2.00. The total amount passed in twenty-four hours is sixty ounces. The casts are supposed to come from only the right kidney. Please outline treatment, naming the best urinary antiseptic. Would euophen-aristol-petrolatum be of value?

P. M. E., N. Y.

The examination would justify a diagnosis of nephritis, possibly confined to one kidney. I would suggest a trial in this case of Urotropine, thirty grains a day, with the absolute skimmed milk diet. The disease is evidently confined to the kidney as far as the examination shows. I see no indication for euophen-aristol-petrolatum, as it is not cystitis.—Ed.

Query 1004. I SEND a specimen of feces, with \$3.00. The patient is a man, 35, has lost twenty-five pounds in three years, during which he has had spells of colic; feet always cold, appetite abnormal, bowels constipated, tongue white. Pain in the bowels occurs after riding or driving. The urine is normal.

J. W. D., Texas.

The feces contain very large amounts of fat and butyric acid.

The report from the laboratory would indicate that your patient has disease of the pancreas. While he is young, the persistent loss of weight is significant. Examine him and see if you can detect a tumor in this region. Also see if there is about one degree of fever, which would be the case if the disease were cancer; and, as in cancer of the stomach, the patient would be easier when lying upon his face. You may find some relief and benefit by giving him a combination of pancreatic extract and ox-gall, such as Reed & Carrick's Pancrobilin, which I would recommend in this case. Keep the bowels regular also with saline laxatives and an occasional colonic flushing.

If he grows thinner, have his body rubbed with hot oil every day, from head to foot.—Ed.

Query 1005. I SEND a sample of urine with \$2.00. The entire amount in twenty-four hours is eighty ounces. The patient is a girl, age 24. Four years ago a swelling

appeared over the left kidney, which disappeared in a month. In 1898 the urine was examined and found to contain large amounts of albumen. This has continued ever since, with dropsy. For several months she has had severe pain in the right side of the back of the neck. Digitalis affects her very unpleasantly, bringing on menstruation prematurely.

S. E. M., Cal.

I would diagnose this case as pyelitis. Give her potassium acetate, one oz., benzoic acid, half a dram; chloroform, half a dram; in eight ounces of water, a tablespoonful every four hours as long as albumen is present in the urine, and an exclusive milk diet. If the albumen disappears entirely in one month you will cure her.

The pain in the neck, I believe, is not connected with the other trouble. You may find enlarged glands there. Possibly it may be relieved by galvanism or by the application of belladonna plaster, (J. & J.) or chloroform liniment.

The effect of the digitalis mentioned is a very remarkable one and I should like to know how much is given, and what preparation, to produce the effect. If, as is probably the case, her strength is considerably reduced, I would add to the above the use of nuclein, one tablet every two hours while awake. Keep the bowels regular also by saline laxative, and aseptic with intestinal antiseptics.—Ed.

Query 1006. A WOMAN, 29, has occasional attacks of pelvic peritonitis lasting a week, always dull pain in the pelvis and leucorrhea; dysmenorrhea, menorrhagia, dyspareunia, vesical and rectal irritability, bowels regular and appetite good. She wants to be cured.

W. H. G., Ga.

I think this woman has a focus of supuration in her pelvis, which may require surgical intervention. However, you might try her on calcium sulphide, one grain seven times a day, with the tonic arsenates in full doses, and euophen-aristol-petrolatum injected into the womb three times a week. Try this treatment for a month and let us know the result.—Ed.

Query 1007. A HUSBAND, age 28, eight years subject to cholera morbus, brought on by dietary sins; four years ago he had bilious colic, very obstinate, finally relieved by morphine hypodermics, ether and chloroform. These attacks have continued to the present, and until he began to take my prescription they occurred every two to four weeks; the prescription I refer to being oil of turpentine, 80 grains, and ether, five drams, twenty-five drops thrice daily; also sodium salicylate, gr. x, thrice daily.

Prior to beginning this treatment he had taken olive oil and mercury, which seemed to keep off the spells for a short while, but the turpentine and ether seemed to do more good than anything he had ever taken, inasmuch as he had no attack while taking it, beginning for eight months. Keeping close watch upon the feces he discovered a small calculus, which must have been bile pigment, being almost black. There has never been any jaundice, and outside of some tenderness over liver and stomach, and fullness in right hypochondriac region, no local manifestations.

W. H. H., Fla.

The records of autopsies show that 1-7 of all bodies examined contain gall-stones. Your case is evidently of that nature. My treatment would be as follows: Empty his bowels, and keep them regular and aseptic. Give every day four tablets of sodium succinate, five grains each, and four granules of copper arsenite, gr. 1-100 each, and continue this treatment for one year. If any remedy known to the writer will dissolve biliary calculi, it is the succinate. Durand's remedy, ether and turpentine, was very popular some years ago, but failed to effect permanent cures.—Ed.

Query 1008. Farmer, 52, general health good, has an attack of nocturnal epilepsy twice a year. For eight years he has had spells as follows: A peculiar sensation over body and limbs, lasting one-half to two minutes, ending with goose-flesh, occurring two to ten times a day.

W. M., Que.

I agree with you that this is a case of *petit mal*. Put him on an absolute vegetable diet, forbidding meat, eggs, fish, milk, cheese, beans and peas. Keep his bowels

regular with a saline laxative, and try and lessen the irritability by giving him about seven granules a day of cicutine hydrobromate, and the same number of nickel bromide. It may be wise to add veratrine if the pulse is full, especially one or two granules at bedtime. Keep this diet up at least one month before you decide whether the treatment is going to be of value.—Ed.

Query 1009. Dr. Abbott has written of abdominal soreness. I have had this for some time, since passing a pint of maggots from my bowels, which had troubled me five months. The soreness is worst under the navel and before meals, if a full breath is taken when the abdomen is distended. The tongue is coated, bilious spells common.

D. H. L., Idaho.

You say the microscope revealed no evidence of trouble, yet I am sure that there are some worms present. I would advise the oil of eucalyptus, five drops, three times a day, increased to full toleration; also keep the bowels regular by anticonstipation granules; and you might also take iodoform, seven granules a day, to relieve the soreness and put the mucous membrane into a little better condition.—Ed.

Query 1010. In using zinc sulphocarbolate, four grains every four hours, is there any danger? What is a poisonous dose? I am new in alkaloids and can find no light on sulphocarbulates in my text-books.

C. H., Pa.

There is no cumulative action or any other danger in the sulphocarbulates, nor is there any poisonous dose. If you give too much it will irritate the stomach; and sometimes very small doses will irritate, especially if the drug is not pure, but the pure zinc sulphocarbolate. I have given up to 120 grains a day without harm. However, such doses are scarcely ever required if you empty the bowel first.

Many preparations containing carbolic acid, such as salol, break up, and the car-

bolic acid causes blackening of the urine by destroying the red cells. If the sulphocarbates ever acted as poisons, this is the way they would act. Hence, if you ever see the urine becoming darker under their use stop them, but this I have never observed when using the pure salt.—Ed.

Query 1011. Girl 17, has severe headaches, often left-sided, temporarily relieved by Antikamnia; face flushed; ends in epistaxis; also has severe pains in the heart. She is otherwise well.

D. W., N. B.

Probably the headaches are connected with the menstrual function. Keep her bowels open by the aloetic purgatives, and give gelsemin for the headaches, a granule every hour until better. Hot sitz baths or hot mustard foot-baths would be also of use.—Ed.

Query 1012. A woman, 44, passing the change of life, cut the palm of her hand last April and since suffers in the wound numbness, tingling, with intense burning over the body, flushing and pressing headache, suboccipital tenderness and insomnia, worrying to the verge of insanity. Better during menstruation. Badly constipated. She is better under strong physics and W-A Intestinal Antiseptics, with Buckley's Uterine Tonic, but is not well.

Another patient has spinal tenderness, intercostal neuralgia, slight fever, constipation.

I can scarcely wait until the new book is out for I am sure we will get something in it of a practical nature, that will help us with these common ailments, which so many text-books fail to tell us about.

O. F. W., Ind.

It is doubtful if the injury has much to do with the first case, which is one of nervous trouble, accompanying the change of life. You are doing admirably, keeping her bowels free and checking irritability by the Buckley's Uterine Tonic, and all you have to do is to continue with patience until she has passed the change. Be careful to keep the

bowels quite free during the menstrual week, and add gelsemin, from three to ten granules a day, when the other treatment appears to need an aid. You might also increase the quantity of macrotin in the Buckley's Uterine Tonic with advantage, but it depends on her heart; if weak increase the macrotin, if strong increase the gelsemin.

In the second case, keep the bowels clear and aseptic, and give three granules Dosi-metric Trinity or Defervescent Compound at bedtime, according to the strength of the heart. Also zinc phosphide 1-6 gr., three times a day, which may react quite favorably upon the nerve-centers in which the disease is located. You might apply over the tender region Antiphlogistine.—Ed.

Query 1013. Doctor, 71, hemiplegia last November. Now somewhat better under iodides and Fellows' hypophosphites. Can I do better?
J. M. W., Mo.

I would prefer strontium iodide to the potassium salt, giving forty grains a day, at least enough to cause some irritation of the nose. Also take seven granules of avenin every day. Continue this for many months. The effect is slow but will be favorable in the long run. Continue the hypophosphites also, and increase the dose to full tolerance.—Ed.

Query 1014. In regard to Query 882: The patient is much better. I stopped the hyoscyamine when the pain ceased, but am continuing the other remedies. How long shall I continue them?

A wife, 33, ailing three years, dating from a chill followed by an attack of stomach disease. She now has a sense of fullness in the stomach, with pain and gas, two hours after eating; the pain increasing as the food passes from the stomach to the bowels. nausea, relieved by belching; cold hands and feet; pain in the heart when taking a deep breath, very dizzy; cannot turn her head for fear of falling. These spells occur after each meal. She also has colic a few days before each period, when her liver is congested. Appe-

tite good, but is afraid to eat. Bowels regular but stools always unhealthy.

F. T., N. Y.

Discontinue such medicines as you think are no longer indicated, and give her strychnine and hydrastine to tone up the mucous membrane of the intestinal tract. If the fermentation and pain return, you know what to do.

For your patient of 33 will say the first attack may have been gall-stone colic, or merely colic from indigestion, or perhaps a little of both. She certainly has a very bad fermentative dyspepsia and more than likely has gall-stones. She needs to be put to bed, to be physicked out thoroughly with Saline Laxative, and kept on water for from two to four days, without a mouthful of food, or until all fermentation, pain and discomfort cease. Along with the water I should give her one intestinal antiseptic tablet every three hours, and sodium succinate, gr. 5. Then clean out her bowels and get her secretions into proper condition. The sodium succinate will thin the bile, and all together will put your patient on the right track. Then I should start with very small quantities of meat broth and well-cooked farina porridge of some kind. Give her about four ounces of this alternately, at least four hours apart, and see to it that she gets at least half a gallon of distilled water every twenty-four hours.

If your patient will yield and let you treat her right, and there is no serious organic trouble, she will get well. If she enjoys her present condition tell her to keep right on, and she will have it, and more too, until she dies. No wonder the poor thing is nervous. How could she be in any other condition? She hasn't a drop of clean blood circulating in her body, and she hasn't a nerve that is not suffering in consequence thereof.—Ed.

Query 1015. A mother, for some years has had severe pruritus vulvæ, rendering her perfectly frantic. She runs out of the

house at night, screaming and scratching. She has profuse offensive leucorrhea, pain in the back, dull headache, no appetite and general debility.

J. C. L., Tex.

Let your patient go on the vegetable diet, forbidding all animal food, including milk and eggs and cheese, beans and peas. Keep her bowels regular and aseptic. Let her use a vaginal suppository containing 20 grains of benzoic acid to an ounce of simple cerate. Of this you may make four suppositories. If this does not relieve her, cure the vaginal discharge by the use of zinc sulphocarbolate, one dram to the quart. Wash the vagina out with this and then insert a little ball of cotton with a teaspoonful of Glycozone upon it. Use this every day. If the discharge continues after a week, continue the same treatment and also inject into the uterus a few drops of the eucrophen-aristol-petrolatum.—Ed.

Query 1016. A mother, 65, has belching of gas for many years, staggers when she walks, with a sense of weakness; is constipated, pulse weak, but regular.

G. L. L., Mich.

See to the constipation first. Empty the bowels by colonic flushing and keep them open with Waugh's Anticonstipation granules, given to effect. Next see to her heart, which needs toning up, with digitalin for a week, followed by Cardiac Tonic, or sparteine, in doses enough to regulate her.—Ed.

Query 1017. A woman can sit quietly on a chair but on attempting to walk about the room her bowels begin acting.

A. S. S., Md.

Your case is one of abnormal irritability of the bowels, for which you should empty the bowels with saline laxatives, render them aseptic with intestinal antiseptics, and lessen the irritability by the use of hyoscyamine amorphous. Give to production of full effect. Such cases sometimes depend however on nephritis, and you had better examine the urine. I sometime find copper arsenite of value also in these cases.—Ed.

Query 1018. A mother, 28, neurotic, malarial, for two years has suffered pain in the eye and above it. The pain begins in the morning and lasts till afternoon. Nothing relieves her, not even morphine in heroic doses.
W. W. E., Ohio.

If the supraorbital pain is on one side only it is neuralgic and probably dependent upon some interference with the nerve in its course. If, as I infer from your letter, the pain is bilateral it is due either to a defect in her eyes or to constipation and autotoxemia. Do not take her word for the latter, but empty the bowels with good purging and colonic flushing and give the W-A Intestinal Antiseptics, six to ten a day. I would advise also that you give one granule of gelsemin and one of cardiac tonic every hour for the headache until relieved. If her eyes have not been examined by an oculist this should be done. On the face of your report I would consider this a case of malarial neuralgia.—Ed.

Query 1019. Please arrange the remedies for hyperacidity prescribed by Dr. Coon, October CLINIC, page 663, into two prescriptions.
N. W. B., Tenn.

Here are your prescriptions: Acid nitric dilute, 10 minims in water before each meal; also manganese black oxide 20 grains, cerium oxalate 5 grains, bismuth salicylate 10 grains, sodium bicarbonate 10 grains. Mix in a glass of water, and take a tablespoonful every five minutes until the acidity is relieved.—Ed.

Query 1020. Please give the diagnostic symptoms of diphtheria as compared with membranous croup.

T. N. C., Tenn.

Diphtheria usually begins on the tonsils and passes down into the larynx. It is attended with destruction of tissue, a fetid odor, extends up into the nose, causes hemorrhage and kills by toxemia and prostration. Croup begins in the larynx and ex-

tends to the tonsils, never to the nose, causes no destruction of tissue, hemorrhage or fever. But as any case of croup may become diphtheritic, the only certain test in any given case is the bacteriological examination, and the detection of the Klebs-Löffler bacillus; and even so a failure to detect it once is not proof that it will not appear a few days later. It is going too far to say that all cases of membranous croup are diphtheritic, but so many are diphtheritic that the Boards of Health are perfectly right in considering all cases such until proved to the contrary. In treatment we have found that while calcium sulphide is a specific for diphtheria, calcium iodide is a specific for croup; and neither of these remedies has any curative power over the other disease.—Ed.

Query 1021. I send \$2.00, and a specimen of sputa from a case of suspected tuberculosis. The patient is 36, pulse 105, temperature 99.4, appetite good, bowels regular, very thin, night-sweats, morning cough, has lost forty pounds since last spring. The cough is so severe that he falls to the floor exhausted. He has been ailing since July and has been treated for hay fever, goiter, treated by Dr. May's cure without effect, and one doctor said there was nothing the matter with him. The goiter is exophthalmic. For this I have given him strophanthin. The clavicular spaces are hollow. The family is consumptive.
D. R., S. D.

You will see by the laboratory report that there are no tubercle bacilli present; that it is a case of influenza with an added streptococcus infection and suppuration. If you turn to the August CLINIC, '99, you will find a full treatment detailed there in Dr. Waugh's article on consumption and this I would advise in the case present, especially that part of it relating to the inhalation of hot vinegar fumes and atomization of eucalypti-aristol-pertolatum following.

I have gone over your letter carefully and see nothing to add to the directions therein given.—Ed.

Query 1022. I enclose \$2.00 and a specimen of sputa from a supposed tubercular case. The patient is my sister, age 24, a schoolteacher, ailing now for three years. She had pneumonia, which never cleared up; the sputa are tinged with blood, enlargement of the glands about the clavicle and sternum, temperature 100, dullness from the apex to the fifth rib, cough troublesome.

C. J. C., Ia.

You will see by the laboratory report that there are no tubercle bacilli present, that it is a case of influenza, with an added streptococcus infection and suppuration. If you turn to the August CLINIC, '99, you will find a full treatment detailed in Dr. Waugh's article on consumption, and this I would advise in the case present, especially that part of it relating to the inhalation of hot vinegar fumes and atomization of euophen-aristol-petrolatum following.

I have gone over your letter carefully and see nothing to add to the directions therein given.—Ed.

Query 1023. I want to try Arsenauero in a case of diabetes mellitus. Any suggestion will be thankfully received.

J. W. C., Ariz.

Write to the manufacturers and ask them for reports upon the treatment of diabetes by this remedy.—Ed.

Query 1024. Has any good article appeared in the CLINIC upon treatment of the morphine habit?

C. F. T., N. Y.

Dr. Waugh has published a little pamphlet on the treatment of Morphinism, which will be sent on receipt of ten cents. It gives all the directions for treatment which can be carried out at present. He has since devised some improvements on this, which result in saving a great deal of pain, but the new treatment is not yet ready for publication, not having been seasoned long enough.—Ed.

Query 1025. I send \$2.00 with sample of urine by express. The patient had gonorrhea three years ago, the attack lasting six

months, before this he was beginning to be short of breath, chalky white in the face, puffy about the eyes and some swelling in his legs.

J. J. P., Ind.

There was a trace of albumen and a good deal of pus in the specimen sent us. I would advise the use of calcium sulphide, one grain, seven times a day; also tincture of iron, 20 to 60 drops before each meal. Keep the bowels regular with Saline Laxative, and give arsenic bromide, three granules a day, gradually increasing until you get the full effect of the drug.—Ed.

Query 1026. A mother, 39, usually in good health, for three years has had paroxysms of hiccough, beginning with a fright, now becoming more frequent and severe. Temporarily restrained by the bromides, codeine and atropine.

M. G., N. Y.

Stop the use of bromides at once, as they can in no case be more than a temporary relief. Let her have seven granules a day of cicutine hydrobromate, increased until you get the full constitutional effect. When she has the attack give her one granule each of glonoin, atropine and strychnine arsenate, every fifteen to thirty minutes until relief; also empty the stomach if anything irritating is present.

I have relieved some cases by applying ice or mustard over the pneumogastric nerve, on the right side of the neck, and you may try this as well.—Ed.

Query 1027. A wife, 26, had severe leucorrhea at thirteen years of age. Had tubercular hip disease from fourteen to eighteen, when menstruation was established. She is sterile and very desirous of children. Has been curetted and treated with iodine, but the leucorrhea continues, with ovarian pain during menstruation.

F. B., Ia.

If this woman has uterine tuberculosis her chances are poor, but you had better use the euophen-aristol every day, first washing out the vagina with peroxide. Internally keep up her strength and give the iodides of iron and arsenic in full doses.—Ed.

Query 1028. A patient has occipital headache in the mornings, puffiness under one eye, pain in the kidneys, pulse 100, tongue coated, face red, appetite and sleep normal; urine 1026 to 1030, some albumen, urates deficient, quantity large. The patient did not do so well on milk diet, but improved when more nitrogenous food was given. He has severe headaches after eating meat. The pulse has become feeble.

Medico, N. Y.

Keep the bowels regular with saline laxative, and whenever there is a sign of decomposition give intestinal antiseptics. Let his diet be as rich as he can bear, but see that he takes enough exercise to use the rich food he evidently needs. For the headaches use gelsemin, a granule every hour until better, with a hot mustard footbath. I judge that he also needs heart tonics, and would give cactus or sparteine, whichever you find does the best.—Ed.

Query 1029. Mother, 38, cervix lacerated, has great pain in the right ovary with complete anuria for twelve hours, some days before each period. The urine then discharged will be as clear as water and very free.

M. A. T., Ill.

Two days before the expected attack give her strong emmenagogues and empty the bowel with strong cathartics. When the attack occurs give glonoin to full effect to relax the arterial tension, with hot hip-baths. It might be wise to cover the back over the kidneys with Antiphlogistine. You had better sew up that laceration of the cervix also.—Ed.

Query 1030. I have a troublesome palmar eczema, possibly specific, but it has resisted a long course of mercury and iodide. All ointments seem to irritate, except bismuth and lanoline. The affection is cyclic, being worse every two weeks. The subdermal tissues become tender and boggy, followed by anesthesia. There is great pruritus which nothing relieves. Suspecting uricemia, I

have cut off meats and use alkalies and salines.

Subscriber, N. Y.

Internally try zinc phosphide, gr. 1-6, three times a day, for a week or two, and follow this with arsenic sulphide, given to full arsenic effect, keeping the bowels clear and clean. Locally try an ointment of bismuth salicylate, one dram to an ounce of lanoline, applied on gloves every night. Use this during the period of irritation, and when that has passed substitute the ointment of red oxide of mercury, twenty grains to the ounce, a little well rubbed in every night. See to the hygiene of your house and person. Drink abundance of water and take exercise suited to your needs. Do not eat tomatoes or any vegetable containing oxalic acid. You had better have the urine examined at a laboratory also, as you may find there some further indication for treatment.—Ed.

Query 1031. A husband, 28, had syphilis eight years ago, treated imperfectly during all this time. The glands in the neck and groin are enlarged; brown spot on the chest the size of a dime. I have advised the iodides of iron and potash, arsenic and mercury, with nux vomica, to be taken in small doses for a year. The wife has keratitis, for which I am giving iodide of potash, opium and corrosive sublimate, with atropine to dilate the pupil.

J. M. N., Conn.

I prefer to give blue pill, from fifteen to thirty grains a day, keeping the patient on the verge of salivation, but not quite touching it, and would give this for one year. The effect is far greater than that of the corrosive mercurials, and the stimulation of all the emunctories is of much value in addition to the specific effect. In such cases the iodides are of very little use. The same treatment applies to both cases.—Ed.

Query 1032. I enclose \$2.00, and send a sample of urine from a boy eight years

old, affected since childhood with nocturnal enuresis, and lately by day as well. He has also sharp pain in the back at times, on the right side; torpid liver, anemia and debility.
S. P. S., Mo.

The urine is cloudy, acid; highly concentrated, rich in urates and oxalates.

Give this boy five drops of dilute nitric acid before each meal, from three to seven granules of rhus every day, and a full dose of amorphous hyoscyamine at bedtime, enough to dry the throat. You might use also the marble sewn into the back of a belt recommended by Dr. Waugh.—Ed.

Query 1033. In 1892 I had influenza affecting my liver and bowels, with profuse diarrhea. No bile in the discharges. It took all summer and left my bowels and liver sluggish. I have had some diarrhea ever since, especially just after my noon meal. These attacks are becoming more frequent, especially in cold weather. I have lost 22 pounds. The urine is normal, abdomen and stomach tender, flatulent. My mother died at 52, with some obscure abdominal disease.
F. R. S., Vt.

I hesitate to advise, for judging from the outline given, of the suggestions made by the doctor last consulted, you are in good hands. I believe, however, it is more a matter of diet with you than of medicine. Very stringent laws should be laid down and strictly abided by, and when you eat another dish of ice-cream, or drink a glass of ice-water, or indulge in anything of that character, just go and bump your head. You will have to come down to a most carefully prepared and selected diet, very limited in variety, and especially so in quantity, always leaving yourself hungry, always eating slowly, very slowly, and chewing every mouthful of food until nothing remains but a homogeneous semi-liquid mass, ready for the stomach. Give it the 32 bites suggested by Gladstone. Then I should give you very mild laxatives. Such a combination as Buckley's Sulphur Compound would be

most excellent. In addition I should give you copper arsenite, and later on strychnine and possibly hydrastine.

My first prescription would be one Buckley's Sulphur Compound and two copper arsenite, gr. 1-1000, each every two hours. Eat as outlined above, along the lines laid down by your doctor, excepting to limit the quantity very sharply. Drink nothing, absolutely nothing, with meals, and then between meals, at least two hours removed and at frequent intervals, drink small quantities of cool water, so that during 24 hours you take from two to three pints, and gradually increase the quantity to four or five pints. This should be cool, not cold, and should be sipped slowly, not gulped; and not over two ounces, better one ounce, should be taken at any one time. It is merely a matter of digestion and assimilation, with proper action of the glands associated with the alimentary canal. If the stool is odorous, from 5 to 15 grains of chemically pure zinc sulphocarbolate, or the same amount of the W-A Intestinal Antiseptic, should be taken in solution at bedtime, and I would recommend the continued use of the saline laxative in the early morning, sufficient to secure evacuation of the bowels shortly after breakfast.

After the tongue is clean, the same treatment should be continued at less frequent intervals, and if the mucous membrane of the alimentary canal has not recovered its tonicity, hydrastine in small doses should be taken several times a day, until the desired result is produced.

Take but little medicine and have that right. Eat but little, only what you can digest, and have that right also. Work but little and play much, and you will soon be on the high road to recovery. Give our compliments to your attending physician, with this letter of suggestions. Stop thinking and acting for yourself on matters pertaining to your own physical welfare. Tie to the doctor who has so ably advised you already, and let us know how you get along.—Ed.

AMONG The BOOKS

SHALL WE DRINK WINE?—A PHYSICIAN'S STUDY OF THE ALCOHOLIC QUESTION.

BY DR. JNO. MADDEN,

Professor of Physiology in the Wisconsin College of Physicians and Surgeons.

Written by a professor of physiology in a respectable medical college, the book promises to tell us something worthy of knowing about alcohol that we did not know before. The question is most vital, and it should be told with favor to none. The time may have come for this book to do so. The first chapter is historical, well-written and apparently reliable, drawn upon reliable German sources.

Page 12: Pliny's *Hist. Nat.* should be quoted in chapters and paragraphs, or sections. Page 21: Welsh does not refer to Wales, but in a German adjective denoting any foreign country, especially Italy.

The author states the drunkenness of the ancient Germans impartially. But will not the advocates of alcoholic drinks say, "well, here are the descendants of the ancient German drunkards, and they seem not to have lost in mind and body by heredity."

On page 23, line 14 from top should be *intemperance* instead of *temperance*.

On page 25 it is stated that "at the present time some form of alcoholic drink is part of the daily diet of nearly all the laboring classes of Europe and America." If that is not an exaggeration how comes it that the usual mortality of the laborers is not greater than it is, nay, that it is even growing less with the improvements in sanitary living and the healing arts? Same page, last section, should be: "if we substitute wine for all alcoholic drinks."

On page 27, speaking of the "vested rights" which "alcoholic beverages claim," the author most truly says: "Like a gen-

erate member of an imperial house ruling an unwilling people, their evils are patent but they have hereditary rights." Sadly true this is of us suffering people.

Chapter 2: "The Constituents of Alcoholic Beverages," is very useful. On page 30 the reader must not confound "Greek wine" with the usual light red wine of the Levant, which contains far less than 13 to 18 per cent of alcohol.

Page 31, Fuchsin C. P. contains no arsenic.

Page 36: "It is highly probable that many of these injurious substances, by acting upon the digestive organs and nervous system, contribute to the general breakdown." Only highly probable? Not certain? And supposing "these injurious substances" are left out from beer, then is the author prepared to say that it alone is not injurious?

In chapter 3 the author has gathered a splendid fund of material against the claim of food-value in alcoholic beverages. Modern researches have proved thus far up to date (1) that part of the ingested alcohol is eliminated unchanged; (2) alcohol is a respiratory poison "because it interferes with the interchange of the gases of the entire body by disturbing the normal life-processes of the individual cells; produced by the affinity of alcohol for oxygen on the one hand, and its extreme diffusibility on the other" (page 39). Nor is the claim that alcohol increases the temperature of the body a correct one. It increases indeed the surface blood-circulation by paralyzing the peripheral nerves, but the immediately in-

creased radiation that follows outweighs the benefit momentarily gained.

This must be taken as the up-to-date scientific explanation why our habitual toper takes his cocktail in the winter, and his mint-julep in the summer.

In chapter 4 the author has collected all that up-to-date science, or at least certain scientific men, have to say on alcohol as a stimulant. It is not denied that it is not, but it was found that in muscular exhaustion the ingestion of sugar, or massage of the tired muscles, would do the same more enduringly and with less evil after-effects. There is related here a mass of finely-detailed physio-psycho-chemical experimentation, which will not be very easy for the ordinary reader to follow, but which is apt to inspire confidence nevertheless, or because. The language of some sentences in this chapter leaves nothing more to be desired, in the line of grand expressions full of profound learning, but equally full of obscurity. A translation of this scientific chapter would be very desirable.

The effect of alcohol upon digestion and assimilation is the subject of chapter 5. The author endeavors to be just to both sides of the question, but naturally finds from experiments that if alcohol does in any way promote digestion it is only in the habitual drinker, but not in the abstainer. And if the gastric juices are increased by the ingestion of alcohol, and if it does seem to act as a conservator of tissues by decreasing the output of proteid metabolism (I suppose the catabolic part of it), this is explained by the interference of alcohol with the oxidation of nitrogenous food. Neither does alcohol promote fat but the very contrary. Against this, however, stands the enormous fat of the German beer-drinker, a condition to which the heart not infrequently succumbs.

General Pathology of Alcoholism is the subject of chapter 6. It is claimed that alcohol starts both of the metabolic processes in the hemoglobin, from which results a decrease of tissue resistance, and hence greater liability to cholera and tuberculosis, and to the invasion of bacteria, who seem to emigrate *en masse* from an inebriate's bowels. On page 79 the author speaks of "the phthisical insanities mentioned by Dr. Maudsley," that they "inherit qualities which lead first to inebriety and later to tuberculosis." Schroeder van der Kolk, in his most valuable work on insanity mentioned long before

Maudsley, that insanity and tuberculosis replace each other as hereditaries in families, but we do not remember that he observed inebriety as a middle link.

We missed here the mention of the fact that some consumptives get cured, and become fat even, on the ingestion of alcohol.

Page 79, Legrain, etc. This would give about six and one-half per cent, much less than Whitaker's estimate, that two-thirds of the race are consumptive, and one-third die of it, and is almost immunity.

Alcoholic Heart-Diseases are discussed in chapter 7. The author thinks the heart is directly affected by alcohol in exhausting its muscle or ganglia. This may be so, and again not so. The expression "direct action on the heart" sounds much like "Don't know what it is." This chapter is fair but does not satisfy.

Chapter 8 is very short, and touches merely on alcoholic irritation of other organs. The theory is, that by long contact of the tissues with alcohol the blood-vessels dilate and outwandering of leucocytes takes place, from which connective tissue is organized which displaces normal tissue. A nice "working theory," good enough mnemonically.

Chapter 9, on The Effect of Alcohol on the Nerve Tissue, is exceptionally fine and unexceptionally true. A few points, however the author did not make clear enough to me. In the beginning of this chapter he speaks of highly differentiated cells, which are called upon to perform the most complex functions. Now I take such an undifferentiated cell as the ameba, and I see it performs functions very complicated, since it performs alone those of digestion, reproduction, etc., etc., while when I take the highly differentiated cell of a spermatozoon, I see it performing the only one function of fecundation of the ovum.

To be sure this function of fecundation has a vast amount of other functions in its consequence, but this single function of this single differentiated cell is simple and not complex.

On page 93 it is said: "From the fact that the arterial changes observed were so insignificant, Dr. Berkley thinks that the changes produced could not be the result of lack of nutrition, but must be charged to the direct irritative action of the alcohol on the cell protoplasm." This makes me apprehend that we are yet embarrassed with the

comparatively coarse anatomical conception of nutrition, as though it ends with the arterial conveyance of the pabulum to the tissues, while in fact it must be true that nutrition just begins when the unvascular and uninnervated cell appropriates that, or only as much, of the pabulum as it needs for its life, death, and posterity.

On page 94, speaking of the vessels of nerves, it is said that "the vessel walls are unaltered." But on page 89 the author says: "Wherever it (alcohol) comes, it produces a dilation of the blood-vessels and an outwandering of leucocytes." How are these two statements to be reconciled?

As I read on, the book fascinates me. The influence of alcohol upon embryonic tissue and heredity, which forms the burden of chapter 10 discloses terrible truths, and facts which many of us have met in our practice, against which too we labored and prayed, and persuaded in vain. If the killing of the fetus *in utero* is a crime, what shall the degenerating mutilation of it in the same place be called? Modern Malthusianized, Mammonistic society winks at the former, if but the eleventh commandment, "Be not caught"! is complied with. But with the latter what does society do? Nothing. Does society, does our own profession even, grasp the enormity of the facts here brought forward in evidence? Were I financially able or supernaturally potent, I would try to bring this chapter to the knowledge of every one who claims the honor of being a healing servant of the hu-erant of this evil? Is it because of the mor-man body. And Dr. Madden does not tell us many things here which we did not know before. Why then is society so to-ally blighting influence of the ill-understood doctrine of Evolution, which extinguishes the old doctrine of sin? I was led to ask this after reading on page 114 the attempt of Fu-er of Heidelberg to save the honor of Evolution. "He thinks it absurd to think that an evolutionary adaptation of the human kind to alcohol will ever be brought about, insuring it immunity against alcoholic poisoning. Facts prove the contrary. The intoxication of the male and female germs weakens the resisting force against alcohol in the descendants instead of strengthening it. It is impossible for an evolutionary adaptation to narcotic poisons to take place." How much of the *ipse-dixit* kind of reasoning there is here! Why im-

possible? What facts prove the contrary? Are they forsooth that the human race increases, and drunkenness too, which does not prevent it? Pray, dear reader, don't get impatient with me when I tell you that I have no room for nor need of the polymerous theory of evolution. My moral sense of sin cannot accept it. Sin is the thing that ought not to be, while evolution says there is no sin, and what is is, because it ought to be so, in the order of evolution.

Alcohol as a factor in the production of insanity, is another distressing chapter. the 11th. The author is not exaggerating, and while he marshals a great array of statistics he is honest enough not to juggle with them, as is the manner of some total ab-stainers.

On page 124, in his translation from the German, why did not the author render "alkaholvergiftung" with simply "alcohol poisoning"? Why did he add "chronic"?

Chapter 12, on The Attitude of the Medical Profession toward Alcohol, begins very well by stating what that attitude is. But the author does not continue with the same moderation and comity towards those who differ from him. He thinks and states that he has established his ideas, in which he differs from the moderates, but I think he has done no such thing. In many of his statistics he did injury to the cause of total abstinence. He has not established as a fact that national intemperance either in this or other countries increased either sickness, insanity included, or mortality beyond what is incident to increase of population, Mam-monism and godlessness. The materialistic tendencies of our age do not help much its good reformers to raise above the level of mere bodily well-being. The appeal to self-denial and a higher life is only rarely heard. We hear frequently of alcohol and mortality, and comparatively too rarely of alcohol and immortality.

The question Who become Drunkards, and why, which forms the very short chapter 13, is very far from being answered, miles off from sufficiently. The author speaks of "social environment," and the evil of "treating," is all he understands by this. What is the place that environs thousands of our young men in our cities, in the narrow, dark berths of their boarding and lodging-houses? What is the space, and light, and warmth, too, of the attractive saloon? I may justly use the author's last

words of this chapter, and with a little change: The pleasing effect of the comfortably warmed saloon once experienced, and the nightly attraction is formed, and the obligation of taking a glass, and then another, etc., etc., until "*facilis descensus Averno*." There are many other evil social environments that make drunkards, of which our good reformers are not even cognizant.

The question, What is Inebriety, is the burden of chapter 14. The attempt is here made to prove, against certain commercial institutions, that not every inebriety is a disease, and where it is it is not a specific one, but a generic one, since "anything which makes existence continually painful tends to produce inebriety, by driving the victim to such means as may be most easily available to find relief." The author seems reluctantly to admit that some cases of inebriety are specific diseases, and this is true in hereditary cases.

Chapter 15 on Intermittent Inebriety, is a very useful one.

The Non-Intermitting or Constant Inebriety (Chapter 16), the author thinks more voluntary, i. e., non-hereditary, and more easily cured for the time, hence the sufferer of it is more easily duped by the commercial-cure charlatan or self-reformed.

Chapter 17 deals with Popular Fallacies regarding Common Alcoholic Beverages. Starting from the assumption, which the author thinks he had proved, that alcohol even in minute quantities is a narcotic and not a stimulant, he tries to refute the popular notion that alcoholics dispel the sense of fatigue, with what success the reader will see for himself. Still the doctor seems to denounce only the excessive drinker, the drunkard on beer, and therefore one may read between his lines that he is not altogether against the really moderate beer-drinker. At last the author justifies on the 166th page the name of his book: "Shall we Drink Wine?" and treats at some length on the popular fallacies regarding also this alcoholic beverage. He states, page 167, that "one is gravely told even by intelligent men, that no matter in what quantity drunk, such wine (old) is never harmful." This is overstating. These "intelligent men" must have been drunk when they said so. On the next page speaking of the peculiar bouquet and flavor of wine developed by long age, he says: "This alone makes old wine so much pre-

ferred by wine-drinkers. In all other respects there is absolutely no difference between old wine and new." Well, so there is "absolutely no difference" between the paint on the palette of the painter and the paint put on the canvas by him, yet the eyes see the difference, so the gustatory nerves feel the difference between old and new wine. Is there any sense in telling us what the ultimate, real, scientific, chemical elementary nutritive substance of a food is, and urge that there is no difference between a pineapple and a potato?

On the next page he combats a very wrong popular error, viz., that the damage done by alcoholic beverages is owing to their adulteration with drugs, and that pure beverages are not hurtful. This is both scientifically and practically false, and serves only for white-washing a commercial lie. The purest brandy in excess is harmful, as the meanest fusel oil is harmless, in a next to homœopathic dose.

"Shall the Physician cease to prescribe alcohol?" is the subject of the short chapter 18, and it begins with that broad statement that "there is no doubt that alcohol as a remedial agent might be forever banished from the physician's armamentarium of drugs, without in any way lessening his efficiency in combating disease." No physicians can more readily subscribe to this than we Alkalometrists, and yet there is no call for denying the appropriate place of an alcoholic, especially when it is in combination with nutritive substances, in certain debilitating conditions of age or convalescence. This the author very cautiously admits.

The Effect of Alcohol on Civilization is lengthily and statistically and schematically discussed in Chapter XIX. The figures which the author has so diligently collected are truly formidable.

And lastly in Chapter XX the author asks: "What is the best method of dealing with the alcoholic question?" He finds fault with the usual methods, and favors the "Gothenburg" and the "Dispensary" methods. He also very justly depreciates the "often inaccurate and exaggerated" information imparted in "health-primers."

On the whole we must hail with moral and scientific pleasure the advent of this timely book, and have to thank the author for his indefatigable labors in collecting the most recent and most respectable authorities on the subject.—E. M. E.

FROM CURRENT LITERATURE

INTESTINAL ANTISEPSIS.

Intestinal antiseptics, according to Burney Yeo, are indicated in *gastric catarrh* and *fermentative dyspepsia*. These two give rise to many other conditions, such as ordinary dyspepsia, chest pain resembling angina pectoris, vertigo, aphasia, and anemia. Even pernicious anemia has been considered as depending upon a toxin that exerted a hemolytic action. Cholera, dysentery, and typhoid fever are also diseases in which the use of intestinal antiseptics is rational. Dr. Yeo has for some years advocated the use of chlorine with quinine in typhoid fever. When given every two or three hours, he has found it attended with most marked results for the better. In indefinite febrile affections, with elevated temperature, furred tongue, and foul-smelling stools, the use of thymol by the mouth, with irrigation of the large bowel by eucalyptol oil and soap-suds administered in the knee-chest position, has often effected a cure.

This class of cases may be due to the action of the typhoid, influenza, or the coli bacillus. The cases he had treated successfully in the above manner were due to the latter. While the coli bacillus is ordinarily harmless and a constant, normal inhabitant of the intestinal tract, it does frequently become pathogenic and virulent, as in long-continued constipation, catarrhal conditions of the intestines, etc. The bacillus coli when taken from an appendix, the cavity of which has been shut off from the rest of the bowel, has been proved to be virulent, while the same organism found in the intestinal tract of the same patient was quite harmless. When associated with the bacillus typhosus it always seemed to take on virulent action. In typhoid fever, bismuth salicylate and carbolic acid are very useful, and calo-

mel and salines are both of great value. Salol, Dr. Yeo thinks, is very uncertain. Eucalyptol and thymol are both good.—*Merck's Archives*.

SPARTEINE SULPHATE.

Sparteine sulphate has for many years been used by Chapman in cases of *passive dilatation of the heart*, especially without marked valvular lesion. He reports a case in which there was very advanced dropsy, a feeble pulse of 130 per minute, a markedly dilated right ventricle, and advanced atheroma of the arteries. Digitalis has been given without effect, and the patient was apparently dying. He prescribed one-half gr. sparteine sulphate with twenty min. tincture ferric chloride, every four hours. There was almost immediate improvement, and in two days the patient was able to sit up.

It is often necessary to continue the drug permanently, but no increase of dose is necessary. One patient has taken it continuously for nearly a year, to relieve the dyspnea consequent on an aortic lesion. The dose is one-half to one gr. every four hours. It has a slightly purgative effect, and is also a diuretic.—*Merck's Archives*.

Gastric Secretion, according to Riegel, is *inhibited by atropine*, but *stimulated by pilocarpine*. In a large number of experiments performed on animals, and in 80 on men, it was found that the administration of atropine reduced the secretion of gastric juice to from 1-16 to 1-8 of the normal amount, and the acidity from 1-3 to 1-2. On the other hand, after the administration of pilocarpine the amount of gastric juice was doubled and in some cases quadrupled.—*Merck's Archives*.

FORMALDEHYDE IN RESPIRATORY DISEASES.

By WILLARD H. MORSE, M. D., F. S. S.,
American Director of the Ismatological Bureau.

There has come to me time and again earnest solicitation for some measure by which to obviate, or at least to control the irritating effects of formaldehyde. The testimony, as we all know is in favor of the preparation. For "all forms of irritation in the respiratory tract" it claims and deserves confidence, but—it irritates. My assistant has brought me in some of Dr. George Leininger's Solidified Formaldehyde, and it was found to be devoid of irritating impurities. This was my first experience with Dr. George Leininger's Solidified Formaldehyde, and I need hardly say that the researches and experiments were discontinued, as already there was in the practitioner's hands just the article that I was seeking. Subsequent investigation has shown that this formaldehyde is as reliable and stable as it is pure and well manufactured. With it available as the proper brand, the profession has made its principal advance in the treatment of diseases of the respiratory tract, both functional and structural. I have said nothing so far about Dr. Geo. Leininger's Generator, as it is uncalled for, but I am ready to speak its praise and to say that it is not excelled in practical utility by costlier apparatus.

INTESTINAL ANTISEPTICS.

In most diseases of the intestinal canal, antiseptics is the great desideratum, and if the bacteria are not always destroyed, the ptomaines are neutralized, and putrefactive changes are prevented. Salol, salicylic acid, naphthol, guaiacol, resorcin, eucalyptol, zinc sulphocarbolate, and copper arsenite are antiseptics worthy of mention. Some of them are only available after leaving the pyloric orifice of the stomach. The writer has used sodium sulphite in yellow fever with successful results.

Zinc sulphocarbolate and copper arsenite in cholera infantum and hot weather diarrheas are of decided benefit. For intestinal indigestion, with green, slimy stools, and great irritation, copper arsenite in small doses (0.00065 Gm. in 120 Cc. of sterilized water, one teaspoonful every fifteen min-

utes) will give marked results. These may seem attenuated doses, but the results are good, nevertheless. Zinc sulphocarbolate in small doses is an excellent remedy. Both of these drugs are valuable intestinal antiseptics.—Prof. Gayle, *Merck's Archives*.

DOUBLE LOBAR PNEUMONIA.

A prominent New York City Physician writes as follows:

"I was reluctantly induced to use hot dressings of Antithermoline on a case of double lobar pneumonia, and the result was so evident that I have used it on every case since. Of thirty-one consecutive cases of pneumonia treated since I began using the case I have not lost a single one.

In the Eastern Dispensary of Harlem I use it on all cases of an inflammatory nature with equally gratifying results. In chest cases it should be applied hot, evenly, and quite thickly, as it lasts six hours in some cases and thirty-six in others, and the successful termination of the case depends upon the continuousness of the effect produced.

Patients are pleased with its anodyne effects, as well as its ease of application, as compared with the old-fashioned poultice."

Antithermoline is manufactured by G. W. Carrick Co., 424 W. Broadway, New York City and complete information and samples can be obtained from them.

ATROPINE.

Atropine is combined with strychnine for acute spasmodic nasal catarrh by Lermoyez, not only for summer attacks like those of hay-fever, but for those occurring at any other season. His object is to moderate hypersecretion by means of the atropine and to modify the vasodilatation by means of the strychnine. He employs 1-300 gr. of the atropine and 1-130 gr. of strychnine twice a day with the meals, in syrup of bitter-orange peel, for twenty days before interruption of treatment to observe the gain. A local anodyne is used meanwhile for the nasal mucous membrane. In most cases cure of the excessive catarrh has been effected. Headache, congestion, and ringing in the ears were observed in two cases thus treated, but otherwise the combination was well borne.—*Merck's Archives*.

A RECORD OF FACTS

Facts can't be disputed. Theories may be supported by plausible arguments in abundance, but one little fact outweighs them all. In these days of progress it won't do to say that Cod Liver Oil does not contain active principles that are separable from the grease; there is a living fact that disproves all such assertions. That fact is

Hagee's Cordial of Cod Liver Oil

with Hypophosphites
of Lime and Soda

Hagee's Cordial

Contains no grease and is a welcome relief to patients, from the plain Cod Liver Oil or Emulsions. Patients get the grease in the form of palatable food fats.

Cord. Ol. Morrhuæ Comp.

(HAGEE)

is dispensed in 16-oz. bottles by all druggists.

KATHARMON CHEMICAL CO.,
ST. LOUIS, MO.,

THE ALKALOIDAL CLINIC.



"As The Mill Cannot Grind With The Water That Is Past"

So the Mechanism of the Human Organism Cannot Be Propelled by Waste Products. As the Mill Stream needs drainage, so does the Human Body: When there is any failure on the part of the Depurators—Skin, Bowels, Kidney and Liver—

Abbey's Effervescent Salt

stimulates these excretory organs to a prompt performance of their functions. It is persuasive and gentle in its action, but thoroughly efficient. ABBEY'S EFFERVESCENT SALT is a well-balanced preparation. It is extremely palatable and refreshing; does not induce Nausea, Thirst, Griping or Hyper-Catharsis. Objectively and subjectively considered, it insures elimination without irritation or subsequent torpor of the bowels.

Exacting practitioners have found ABBEY'S EFFERVESCENT SALT a dependable remedial agent for the relief of Constipation, Biliousness, Hyper-Acidity of Stomach, Rheumatism, Gout and all conditions resulting from a Plethoric condition of the system. Gratifying results invariably succeed its employment.


ABBEY'S EFFERVESCENT SALT is a Standard English preparation now being introduced into the United States. We will send liberal samples and literature to physicians as evidence of its worth.

THE ABBEY EFFERVESCENT SALT COMPANY, 9-15 Murray Street, New York.

The Abbott Alkaloidal Company

IN

...New York...

 We have long felt the need of an Eastern House in order to more promptly take care of the patronage of our eastern clients. There was only one place for this house—New York. We are pleased to announce that we have at last established such a house, branch, an annex, call it what you will, only bear in mind that everything is conducted there on the same plan, same goods—same prices, same courtesies, same guarantees as at the home office in Chicago.

We also have the same arrangements in San Francisco. Go where you can be the most conveniently served.

The Abbott Alkaloidal Company,

Ravenswood Station, Chicago
95-97 Broad Street, New York
811 Sutter Street, San Francisco

THE ALKALOIDAL CLINIC.



Sanitaris Urethral Crayons

offer a practical, reliable, and successful method for the treatment of all forms of **Gonorrhoea** and **Gleet**, relieving pain and soreness, and rapidly checking all discharges. They dispense with "tell-tale" bottles of injections and syringes, attract no attention, and are clean, and easy and convenient to use. They are medicated with remedies of proved efficacy, and, being freely soluble in the secretions of the urethra, they bring their medicating ingredients into direct, thorough, continuous and prolonged action upon the diseased parts. They invariably give relief, and delight both physician and patient by the promptness and rapidity of the cure. They are non-secret preparations, and the interests of the physician are fully protected.

Practical Details. The Crayons are four inches long and 3-16 inch in diameter, and are flexible, elastic and freely soluble. They are put up in handsome enameled tin boxes, without labels. Each box contains **Ten Crayons**, with full directions for use.

PRICES.—Per Box, Retail, \$1.00. To Physicians only, 75c. postpaid.

SAMPLES.

A liberal trial sample mailed to physicians **only**, for one dime, or a full size box of ten Crayons, **just once**, for 25 cents, with formula and literature. Please mention the CLINIC when ordering.

THE STANDARD CHEMICAL CO., Ltd., 1016 Cherry St., Phila.

Aseptic or Antiseptic— WHICH?

WE ARE IN A QUANDARY

AND ASK THE READERS OF THIS JOURNAL TO HELP US OUT.



We have for many months advertised UNGUENTINE as "An Antiseptic Dressing in an Antiseptic Container." We applied this term to Unguentine because it is antiseptic in substance and possesses germ-destroying powers which fulfill every requirement of modern aseptic and antiseptic surgery. The collapsible tube is, of course, not a germicide, but we termed it antiseptic because it is "germ-proof"—effectually prevents contamination of its contents by excluding the air. Recently a prominent physician questioned our accuracy in these words:

"You properly describe Unguentine as an 'antiseptic dressing, but the tube is aseptic, not antiseptic."

We thereupon submitted the following question to editors of a score of leading medical journals:

"A collapsible tube, previously sterilized, is filled with an antiseptic ointment and immediately hermetically sealed. The peculiar office of this container is, of course, to protect its contents against the invasion of the atmosphere with its attendant micro-organisms. May a tube thus used to prevent septic infection be correctly termed antiseptic?"

Replies were prompt but, we regret to say, not unanimous. Some said we were right, and proved it; others said we were wrong—and were equally felicitous in upholding their assertions. With such weighty opinions on either side we confess we are unable to decide the matter.

HENCE, THE QUESTION,

is the tube antiseptic? There is no question about UNGUENTINE. We know it is right and that our new container is right. It is, therefore, a question of adjectives and we ask your help in deciding it. "Does the tube perform an antiseptic office with relation to its contents in excluding therefrom, as it does, all septic infection?" Write us your opinion—a postal will do. These will be tabulated as received and the aggregate announced later in this journal. Names of course, will not be published. All we seek to establish is the preponderance of opinion and will govern ourselves accordingly.

If you have not used Unguentine in Tubes, we will send a Sample one free on request; or a regular 2-oz. Tube on Receipt of a "Clinic Coupon." But whether you want a tube or not, the benefit of your views will be appreciated.

ADDRESS,

NORWICH PHARMACAL CO.,

DEPARTMENT "X,"

NORWICH, NEW YORK.



Why an Emulsion?

THERE is no longer any question regarding the therapeutic value of refined Petroleum. Clinical reports give it positive indorsement in the treatment of all membranous troubles, and the trend of medical literature is more and more in its favor. But why an Emulsion? Since Petroleum is good, why not use 100 per cent. oil, instead of 33 $\frac{1}{3}$ per cent.? And, if the plain oil is so effective, why go to the trouble and expense of emulsifying?

After experimenting for years with Petroleum in different forms we discarded them all in favor of

Angier's Petroleum Emulsion

With Hypophosphites

for the reason that results are quicker and more positive. Physiology teaches that to emulsify an oil is to digest it. Ours is so minutely divided it can be absorbed at once, and the emulsionizing agents we use have in themselves valuable soothing and healing qualities. In addition, each fluid ounce contains twelve grains of the hypophosphites of lime and soda, which add greatly to its tonic and nutritive value.

The plain oil is only half effective. Physicians should be careful in prescribing to specify "Emuls. Petrol. (Angier)."

ANGIER CHEMICAL CO.,

London, England.

Boston, Mass.

Toronto, Canada.

Resinol

(TWO SIZES)
50¢-\$1.00

UNRIVALLED AS AN
ANTIPRURITIC, ANTISEPTIC,
ANTIPHLOGISTIC, NUTRIENT, ETC.

(R. Ungt Resinol 3i-iii)

A specific for Eczema, Pruritus Ani, and all itching troubles.

I find Resinol a very nice, delicate and effective remedy in all cases of skin affections in which I have used it.

JNO. P. CORCORAN, M. D., U. S. Exam. Surg., Detroit, Mich.

We use Resinol in the St. Louis Children's Hospital with excellent results.

T. GRIEWOLD COMSTOCK, M. D., St. Louis, Mo.

I prescribe Resinol almost daily. It is the best thing on earth as an Ointment.

WALTER D. GREENE, M. D., Buffalo, N. Y.

Cascanata

(TWO SIZES)
50¢-\$1.00

A DESIDERATUM AS A
VEGETABLE ALTERATIVE,
LAXATIVE TONIC AND ANTACID.

(R. Elix. Cascanata 3iv-x)

Indicated in all skin diseases, Chronic Constipation and disorders of Digestion etc.

A SPECIFIC FOR HABITUAL CONSTIPATION.

CORRECTS THE SECRETIONS.

RESTORES THE NORMAL ALKALINITY OF THE BLOOD.

GIVES EXCELLENT RESULTS IN RHEUMATIC AFFECTIONS.

I have found the Elixir Cascanata a very efficient remedy in chronic Eczema. I often prescribe it, and have always been gratified with the results obtained.

T. J. WOOLDRIDGE, M. D., French Hay, Va.

Resinol Soap

(PRICE
25¢)

AN ABSOLUTELY PURE
NON-IRRITATING, EMOLLIENT
AND PRESERVATIVE DETERGENT.

(R. Sapo Resinol one bar)

THE BEST SOAP FOR THE SKIN, THE HAIR, SCALP ETC

A valuable and effective remedy for Acne. Prevents the recurrence of Eczematous and other skin troubles. Unsurpassed for shampooing, preventing the accumulation of dandruff and falling out of the hair. An excellent antiseptic soap for the puerperium.

For sale by all Druggists, or sent on receipt of price.

~ RESINOL CHEMICAL CO. ~ BALTIMORE, MD. ~